American Board of General Dentistry (ABGD) Practice Exam (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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

1. Which statement is true regarding bond strengths of self-etching adhesive systems to enamel?

- **A. A higher microtensile bond strength is expected when bonding to prepared enamel**
- **B. A lower microtensile bond strength is expected when bonding to prepared enamel**
- **C. There is no statistically significant difference in bond strengths**
- **D. No difference in bond strength exists between prepared and unprepared enamel**

2. Which statement about dentin desensitizers is false?

- **A. Arginine and Calcium Carbonate seal dentin tubules**
- **B. 5% potassium nitrate toothpaste depolarizes nerves**
- **C. Potassium nitrates occlude dentinal tubules to stop sensitivity**
- **D. Arginine and Calcium Carbonates depolarize nerves**

3. Where is the film located when taking a Waters view radiograph?

- **A. Directly in front**
- **B. Directly behind**
- **C. In front with a 37 degree angle**
- **D. In front with a -30 degree angle**

4. What method is used to fabricate Dicor ceramic restorations?

- **A. Pressure molded under heat using lost wax technique**
- **B. Cast from a melted ceramic ingot**
- **C. Milled using CAD/CAM**
- **D. Glass infused alumina or zirconia core with stacked body porcelain**

5. Which statement is incorrect regarding connective tissue graft healing in a healthy individual?

A. Revascularization of the graft starts by the second or third post-op day

B. The CT becomes edematous/disorganized before new tissue forms

C. Functional integration occurs by the 20th post-op day

D. A thin layer of epithelium is present by day four

6. Which statement correctly describes pemphigoid and/or pemphigus?

A. Pemphigoid alters the cellular connections at the basement membrane.

B. Positive Nikolsky sign is seen in pemphigus and pemphigoid.

C. Pemphigus rarely affects the oral cavity.

D. Pemphigoid rarely affects the oral cavity.

7. What does syneresis in alginates refer to?

A. Swelling from absorbing water

B. Swelling from absorbing gases

C. Distortion from exudate release

D. Distortion from hydrogen gas release

8. What is the correct order of stages for graft healing from earliest to latest?

A. Organic Union, Plasmatic Circulation, Vascularization

B. Plasmatic Circulation, Vascularization, Organic Union

C. Vascularization, Organic Union, Plasmatic Circulation

D. Vascularization, Plasmatic Circulation, Organic Union

9. Which local delivery system is effective when treating periodontal pockets?

A. Chlorhexidine mouth rinse

B. Arestin with minocycline microspheres

C. Augmentin as a systemic antibiotic

D. Metronidazole gel applied topically

10. What is the correct incision design for a mini-flap to restore root surface caries?

A. Incisions at the mesial and distal line angles straight apically

B. Incisions at the line angles, initially toward the papilla and then apically

C. Vertical incisions that bisect the papilla on each side

D. Envelope flap incorporating at least one tooth on either side

Answers

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

Explanations

1. Which statement is true regarding bond strengths of self-etching adhesive systems to enamel?

A. A higher microtensile bond strength is expected when bonding to prepared enamel

B. A lower microtensile bond strength is expected when bonding to prepared enamel

C. There is no statistically significant difference in bond strengths

D. No difference in bond strength exists between prepared and unprepared enamel

When considering the bond strengths of self-etching adhesive systems to enamel, it is understood that these systems generally demonstrate improved bonding to prepared enamel compared to unprepared enamel. This improvement is attributed to the mechanical interlocking that occurs when the enamel surface is etched or prepared, creating a more favorable morphology for the adhesive to penetrate and bond effectively. When enamel is prepared, the conditioning process removes some of the outermost enamel layer and may create a surface profile that allows for greater mechanical retention of the adhesive. Additionally, self-etching systems often have the ability to simultaneously etch and prime the enamel, which can further enhance the bond strength through better surface interaction. Therefore, a higher microtensile bond strength is expected with self-etching adhesives when they are applied to prepared enamel surfaces, confirming that the preparation enhances the bonding capability of these adhesives.

2. Which statement about dentin desensitizers is false?

A. Arginine and Calcium Carbonate seal dentin tubules

B. 5% potassium nitrate toothpaste depolarizes nerves

C. Potassium nitrates occlude dentinal tubules to stop sensitivity

D. Arginine and Calcium Carbonates depolarize nerves

The statement that potassium nitrates occlude dentinal tubules to stop sensitivity is incorrect. Instead, potassium nitrates work primarily by affecting the nerve responses associated with sensitivity rather than physically blocking the tubules themselves. This compound serves to depolarize the nerves, which reduces the transmission of pain signals. In contrast, arginine, often combined with calcium carbonate, acts to seal dentin tubules, thereby directly addressing sensitivity through a physical blocking mechanism. The 5% potassium nitrate found in some toothpaste formulations functions by depolarizing nerve endings, rather than relying on a tubule occlusion method. Therefore, the false statement is that potassium nitrates occlude the dentinal tubules, when in fact their role revolves around nerve depolarization to mitigate sensitivity.

3. Where is the film located when taking a Waters view radiograph?

A. Directly in front

B. Directly behind

C. In front with a 37 degree angle

D. In front with a -30 degree angle

In a Waters view radiograph, which is primarily used to visualize the maxillary sinuses and certain structures of the facial skeleton, the correct positioning of the film is crucial for obtaining accurate images. The film is positioned in front of the patient's face at a specific angle, which enhances the clarity of the anatomical structures being examined. The 37-degree angle allows the X-ray beam to pass through the orbital region while minimizing the superimposition of the nasal structures and the zygomatic arch, effectively capturing the desired areas without distortion. This positioning aligns the film properly to the patient's anatomy, thereby ensuring that the maxillary sinus is properly visualized above the dental arches. Understanding the geometric relationship between the film and the X-ray beam is essential for achieving high-quality diagnostic images, which is why the correct answer involves placing the film in front of the patient at the designated angle rather than directly in front or behind.

4. What method is used to fabricate Dicor ceramic restorations?

A. Pressure molded under heat using lost wax technique

B. Cast from a melted ceramic ingot

C. Milled using CAD/CAM

D. Glass infused alumina or zirconia core with stacked body porcelain

The method for fabricating Dicor ceramic restorations involves casting from a melted ceramic ingot. Dicor was an early type of all-ceramic restorative material that utilizes a glass-ceramic system. The process begins with the heating of the ceramic ingot until it melts, allowing it to be shaped into the desired restoration. This technique enables the material to flow into precise molds, resulting in restorations that are both esthetic and functional. While other methods listed may be used for different types of ceramic restorations, they do not pertain specifically to the Dicor system. For instance, pressure molding using the lost wax technique is commonly associated with metal or some ceramics but not specifically with Dicor. Similarly, CAD/CAM milling is a modern technique often used for a variety of materials, including zirconia or other ceramics, but it does not apply to the traditional Dicor fabrication process. Furthermore, glass infused alumina or zirconia cores with porcelain stacking is associated with different ceramic systems, such as those that combine zirconia frameworks with porcelain bodies for enhanced strength and esthetics. Nonetheless, these are not reflective of the Dicor fabrication method.

5. Which statement is incorrect regarding connective tissue graft healing in a healthy individual?

A. Revascularization of the graft starts by the second or third post-op day

B. The CT becomes edematous/disorganized before new tissue forms

C. Functional integration occurs by the 20th post-op day

D. A thin layer of epithelium is present by day four

The statement indicating that functional integration occurs by the 20th post-operative day is incorrect. In the context of connective tissue graft healing, functional integration refers to the successful incorporation and adaptation of the graft into the surrounding tissues. Typically, this process takes longer than 20 days. While there are various phases of healing that occur within this timeframe, complete functional integration generally requires a more extended period due to factors such as cellular reorganization, vascularization, and the establishment of connection to the host tissues. In contrast, the other statements accurately describe the healing process. Revascularization of the graft typically begins around the second or third post-operative day, which is when the graft starts to receive blood supply from the surrounding tissue, critical for healing. The observation that the connective tissue can become edematous or disorganized before new tissue forms reflects the initial inflammatory response and subsequent regeneration processes. Also, the presence of a thin layer of epithelium by day four is consistent with the rapid epithelial migration that characterizes the early stages of healing after a graft procedure.

6. Which statement correctly describes pemphigoid and/or pemphigus?

A. Pemphigoid alters the cellular connections at the basement membrane.

B. Positive Nikolsky sign is seen in pemphigus and pemphigoid.

C. Pemphigus rarely affects the oral cavity.

D. Pemphigoid rarely affects the oral cavity.

The correct statement highlights that pemphigoid generally has less involvement of the oral cavity compared to pemphigus. Pemphigoid, particularly mucous membrane pemphigoid, tends to affect mucosal surfaces, but it is not as commonly associated with oral lesions as pemphigus. Pemphigus, on the other hand, is characterized by the formation of blisters primarily affecting the skin and mucosal membranes, including the oral cavity. In this context, while pemphigoid can affect the oral area, its less frequent involvement makes it distinct from pemphigus, which typically presents with oral lesions. Understanding the pathophysiology of these conditions is essential; pemphigoid is an autoimmune condition that primarily targets the basement membrane zone leading to subepithelial blistering, which contrasts with pemphigus where intraepithelial blistering occurs due to changes in desmosomes. Thus, the relative rarity of oral involvement in pemphigoid is a critical distinction.

7. What does syneresis in alginates refer to?

A. Swelling from absorbing water

B. Swelling from absorbing gases

C. Distortion from exudate release

D. Distortion from hydrogen gas release

Syneresis in alginates refers to the process by which a gel or a colloidal system shrinks and releases liquid, often leading to a distortion of the initial structure. This occurs when the gel, under certain conditions, expels water or other exudates from its matrix. In the context of dental alginates, syneresis can affect the accuracy of impressions taken for dental work, as the release of fluid can change the dimensions of the set material, leading to a less precise reproduction of the dental anatomy. The other options describe different phenomena that do not align with the definition of syneresis. For instance, swelling due to absorbing water or gases pertains to different processes entirely, which do not involve the release or distortion of the gel structure that characterizes syneresis. Therefore, understanding that syneresis specifically relates to the distortion resulting from the release of exudates helps clarify its impact on alginate impression materials.

8. What is the correct order of stages for graft healing from earliest to latest?

A. Organic Union, Plasmatic Circulation, Vascularization

B. Plasmatic Circulation, Vascularization, Organic Union

C. Vascularization, Organic Union, Plasmatic Circulation

D. Vascularization, Plasmatic Circulation, Organic Union

The correct sequence for graft healing begins with plasmatic circulation, progresses to vascularization, and concludes with organic union. Initially, plasmatic circulation occurs immediately after the graft is placed, facilitating the transfer of nutrients and waste between the graft and the surrounding tissues through diffusion. This stage is critical as it supports the viability of the graft and prevents necrosis by providing essential nutrients until a more stable blood supply is established. Next, vascularization involves the formation of new blood vessels that grow into the graft from the host tissue. This process is crucial, as it enhances the graft's health by establishing a direct and organized blood supply, which is necessary for proper function and integration with the host tissue. The final stage is organic union, where the graft begins to integrate fully with the surrounding tissue through cellular and tissue-level regeneration. This involves the biological processes that lead to complete incorporation of the graft with the host tissue, resulting in stable and functional healing. Understanding this sequence is vital in managing patient expectations about the healing process and the timeline for recovery after grafting procedures. Each stage plays a crucial role in ensuring that the graft is successful and functional.

9. Which local delivery system is effective when treating periodontal pockets?

A. Chlorhexidine mouth rinse

B. Arestin with minocycline microspheres

C. Augmentin as a systemic antibiotic

D. Metronidazole gel applied topically

Arestin, which consists of minocycline microspheres, is highly effective for local delivery in treating periodontal pockets. This formulation allows for targeted therapy directly at the sites of infection, providing a localized high concentration of the antibiotic that persists over time, which is beneficial for reducing bacterial load and encouraging healing in periodontal tissues. Minocycline microspheres are advantageous because they can penetrate deep into the periodontal pocket, where traditional oral antibiotics may not reach effectively. The localized application also minimizes the risk of systemic side effects that can occur with oral antibiotics, making it a preferable choice in managing localized periodontal conditions. In contrast, while options such as chlorhexidine mouth rinse and metronidazole gel do have roles in periodontal treatment, they may not provide the same level of effectiveness against deep periodontal pockets as Arestin. Chlorhexidine is primarily a preventive measure rather than a treatment for active pockets, and metronidazole gel application may not have the sustained release properties that microspheres offer. Systemic antibiotics like Augmentin can be useful in certain situations, but their use is typically reserved for more extensive infections and does not replace the need for local delivery systems like Arestin in the targeted management of localized periodontal disease.

10. What is the correct incision design for a mini-flap to restore root surface caries?

A. Incisions at the mesial and distal line angles straight apically

B. Incisions at the line angles, initially toward the papilla and then apically

C. Vertical incisions that bisect the papilla on each side

D. Envelope flap incorporating at least one tooth on either side

The correct choice for the incision design for a mini-flap aimed at restoring root surface caries is the one where incisions are made at the line angles, initially toward the papilla and then apically. This approach is considered optimal because it helps in minimizing tissue trauma while effectively providing access to the area requiring treatment. By directing the incisions toward the papilla, you maintain better blood supply to the tissue, preserving the integrity of the periodontal structures surrounding the tooth and facilitating quicker healing. This incision technique also allows for a controlled flap reflection, making it easier to manage soft tissue without compromising the remaining papillary tissue. It ensures adequate access to the root surfaces for caries removal and subsequent restoration while allowing for the flap to be repositioned comfortably at the end of the procedure. In comparison, other designs may not provide the same level of tissue preservation or access. For example, vertical incisions that bisect the papilla might disrupt the blood supply more significantly and potentially lead to complications like necrosis of the papilla. An envelope flap that incorporates teeth on either side could unnecessarily mobilize more tissue than needed and may add complexity to postoperative healing. Likewise, incisions made strictly at the line angles and straight apically might limit visualization and access needed

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://americanboardgendentistry.examzify.com

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