

AMERICAN BOARD OF GENERAL DENTISTRY (ABGD) PRACTICE EXAM (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. What is the most common cause of vertical root fractures?**
 - A. Occlusal prematurities
 - B. Parafunctional activities
 - C. Physical trauma
 - D. Iatrogenic dentistry
- 2. What level of disinfection is typically required for semi-critical items?**
 - A. Intermediate-level disinfection.
 - B. Low-level disinfection.
 - C. High-level disinfection.
 - D. No disinfection is needed.
- 3. Which statement accurately describes compomers?**
 - A. They have no fluoride release
 - B. They are composites with added glass-ionomer components
 - C. They cannot bond to tooth structure
 - D. They possess higher wear resistance than conventional glass ionomer
- 4. What is one primary advantage of using laser treatment over a scalpel in dental procedures?**
 - A. Greater hemostasis
 - B. Bactericidal effect
 - C. Minimal wound contraction
 - D. All the above
- 5. Which about packable resins and hybrid composites is true?**
 - A. Packable resins have superior color match.
 - B. Hybrid resins maintain better surface texture over time.
 - C. Hybrid composites have worse marginal discoloration.
 - D. Both systems generally have similar color match and marginal discoloration.
- 6. What is the 5-year survival rate of oral Squamous Cell Carcinoma (SCC)?**
 - A. 10%
 - B. 23%
 - C. 57%
 - D. 76%

- 7. What type of nonavulsive tooth displacement has the worst prognosis?**
- A. Extrusion
 - B. Intrusion
 - C. Subluxation
 - D. Lateral luxation
- 8. Regarding the taper of a crown preparation, which statement is true?**
- A. The prep with greater taper has increased resistance
 - B. The prep with equal height and diameter will have decreased resistance with greater taper
 - C. Minimal taper is recommended for all crown preparations
 - D. Only height affects the resistance of a crown preparation
- 9. What is the most commonly recommended management approach for treated intruded primary teeth?**
- A. Initiate immediate, forced eruption of the primary tooth to ensure minimal subsequent occlusal discrepancy.
 - B. Perform immediate extraction of the tooth.
 - C. Observation initially; with few exceptions, no attempt should be made to reposition the tooth after the accident.
 - D. Initiate pulpal debridement, followed by orthodontic eruption at 7-10 days.
- 10. Which type of suture has the longest absorption period?**
- A. Chromic gut
 - B. Polyglactin 910
 - C. Poliglecaprone 25
 - D. Plain gut

Answers

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

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Explanations

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1. What is the most common cause of vertical root fractures?

- A. Occlusal prematurities
- B. Parafunctional activities
- C. Physical trauma
- D. Iatrogenic dentistry**

The most common cause of vertical root fractures is associated with iatrogenic dentistry. This type of fracture often occurs due to dental procedures that inadvertently create stress or structural weakness in the tooth. For instance, excessive force during tooth preparation, over-elongation of the crown, or inappropriate placement of materials can weaken the root structure, making it more susceptible to fracturing. Iatrogenic factors can include the use of incorrect techniques or tools during procedures like root canal therapy or crown preparations. These actions may exacerbate existing weaknesses in the tooth, making it easier for a vertical fracture to develop, especially under normal functional pressures. Other potential causes such as occlusal prematurities, parafunctional activities, and physical trauma can certainly contribute to vertical root fractures; however, the most significant and common contributor in a clinical setting tends to stem from human intervention during dental treatment. This highlights the importance of proper techniques and caution during dental procedures to minimize risks of such fractures.

2. What level of disinfection is typically required for semi-critical items?

- A. Intermediate-level disinfection.
- B. Low-level disinfection.
- C. High-level disinfection.**
- D. No disinfection is needed.

Semi-critical items are those that come into contact with mucous membranes or non-intact skin but do not penetrate tissues. Because of the potential risk of transmitting infections, these items require a high level of disinfection to ensure all microorganisms, especially more resistant pathogens, are effectively eliminated. High-level disinfection involves the use of chemical agents that can destroy a wide range of organisms, including bacteria, viruses, and fungi, which is crucial for ensuring patient safety in clinical settings. In contrast, low-level disinfection is adequate only for surfaces and items that may come into contact with intact skin and are not intended for more invasive use. Intermediate-level disinfection provides a higher efficacy than low-level disinfection but does not achieve the necessary microbial kill required for semi-critical items. The option indicating that no disinfection is needed overlooks the critical standard of care necessary in dental practices to prevent cross-contamination and the spread of infection.

3. Which statement accurately describes compomers?

- A. They have no fluoride release
- B. They are composites with added glass-ionomer components**
- C. They cannot bond to tooth structure
- D. They possess higher wear resistance than conventional glass ionomer

Compomers, or composite resins modified with glass ionomer components, are designed to combine the properties of both materials. They typically exhibit some of the strength and aesthetic qualities of composites while integrating the fluoride-releasing and adhesive properties of glass ionomers. This unique combination allows compomers to bond effectively to tooth structure, providing a reliable restorative option in dentistry. The fluoride release characteristic of compomers can help in caries prevention, which makes them particularly beneficial in pediatric dentistry and other scenarios where fluoride retention is favorable. This contrasts with the statement that they have no fluoride release, which is inaccurate. Additionally, compomers do bond to tooth structure, meaning that the assertion that they cannot bond is also incorrect. While they do possess reasonable wear resistance, the statement regarding higher wear resistance than conventional glass ionomer is not entirely accurate. Compomers generally have improved wear characteristics compared to traditional glass ionomer materials but are still not as wear-resistant as some modern composite materials. Hence, the accuracy of the statement identifying compomers as composites with added glass-ionomer components is what establishes it as the correct choice.

4. What is one primary advantage of using laser treatment over a scalpel in dental procedures?

- A. Greater hemostasis
- B. Bactericidal effect
- C. Minimal wound contraction
- D. All the above**

Using laser treatment in dental procedures offers several significant advantages over traditional scalpel techniques, making it a preferred choice in many cases. One primary advantage is greater hemostasis. Laser procedures can effectively cauterize blood vessels as they cut, leading to reduced bleeding compared to a scalpel. This characteristic helps maintain a clearer field of vision for the practitioner and minimizes the risk of excessive blood loss during procedures. Additionally, lasers have a bactericidal effect, meaning they can kill or deactivate bacteria in the targeted area. This antimicrobial property reduces the likelihood of infections post-procedure, which is particularly beneficial in surgical settings. Moreover, minimal wound contraction is another advantage associated with laser usage. Laser treatment tends to promote better healing and less scarring because it results in less tissue damage overall—this can lead to a more favorable outcome in terms of aesthetics and recovery time. Since laser treatment provides enhanced hemostasis, has a bactericidal effect, and minimizes wound contraction, it encapsulates all these benefits into one cohesive advantage, supporting the decision to select laser techniques over traditional scalpel methods in dental procedures.

5. Which about packable resins and hybrid composites is true?

- A. Packable resins have superior color match.
- B. Hybrid resins maintain better surface texture over time.
- C. Hybrid composites have worse marginal discoloration.
- D. Both systems generally have similar color match and marginal discoloration.**

Packable resins and hybrid composites are both widely used in restorative dentistry, and understanding their characteristics is essential for making informed choices in treatment. Both packable resins and hybrid composites are formulated to provide a good aesthetic outcome, but they serve different purposes in clinical practice. Packable resins are typically used in posterior restorations due to their superior strength and resistance to occlusal forces. In contrast, hybrid composites combine strength and good aesthetics, which makes them versatile for anterior and posterior teeth. The statement that both systems generally have similar color match and marginal discoloration reflects the understanding that advancements in dental materials have enabled both types of composites to achieve high-quality aesthetics and comparable levels of marginal integrity over time. While each material may have specific advantages in different scenarios, their overall performance concerning color stability and marginal integrity tends to be on par with one another. This balanced comparison emphasizes the progress in composite resin technology, where both packable resins and hybrid composites can perform effectively in terms of esthetics and clinical longevity, thereby making them reliable choices for restorative procedures.

6. What is the 5-year survival rate of oral Squamous Cell Carcinoma (SCC)?

- A. 10%
- B. 23%
- C. 57%**
- D. 76%

The 5-year survival rate of oral Squamous Cell Carcinoma (SCC) is approximately 57%. This statistic is derived from a variety of factors, including the stage of diagnosis, the patient's overall health, the location of the carcinoma, and the effectiveness of subsequent treatments. Oral SCC is known to have a relatively poor prognosis compared to other types of cancer, often due to late-stage diagnosis when symptoms become more apparent. Understanding that the survival rate reflects the percentage of patients who live at least five years after their diagnosis provides insight into the disease's aggressiveness and the challenges faced in treating it. The rate can fluctuate based on advancements in treatment, early detection methods, and demographic variables, but 57% is a widely accepted estimate that serves as a critical benchmark in oncology for this type of cancer.

7. What type of nonavulsive tooth displacement has the worst prognosis?

- A. Extrusion
- B. Intrusion**
- C. Subluxation
- D. Lateral luxation

Intrusion represents a type of nonavulsive tooth displacement where the tooth is driven into the alveolar bone. This can lead to a severe prognosis for several reasons. First, the apical blood supply may be compromised as the tooth is dislodged and pushed into the socket, reducing the chance for pulp vitality. The damage to the periodontal ligament can be extensive, making it difficult for the tooth to re-establish proper support and function. Additionally, the potential for nerve damage increases in cases of intrusion, further complicating the situation. The healing process may lead to complications such as pulp necrosis, ankylosis, or even tooth loss. In contrast, other types of nonavulsive tooth displacements, such as extrusion, subluxation, and lateral luxation, generally maintain a better blood supply and periodontal support, allowing for improved healing and prognosis. These conditions typically allow for the possibility of re-establishment of the tooth's vitality, leading to a more favorable outcome compared to intrusion.

8. Regarding the taper of a crown preparation, which statement is true?

- A. The prep with greater taper has increased resistance
- B. The prep with equal height and diameter will have decreased resistance with greater taper**
- C. Minimal taper is recommended for all crown preparations
- D. Only height affects the resistance of a crown preparation

The assertion that a preparation with equal height and diameter will have decreased resistance with greater taper is based on the understanding of the relationship between taper, resistance, and the mechanics of crown retention. Taper refers to the angled reduction of the tooth structure in relation to the long axis of the tooth. A crown preparation that has excessive taper tends to have less surface area for adhesion with the cement, which can lead to a reduction in resistance to dislodgement. This means that as the taper increases, the ability of the crown to resist forces that could dislodge it decreases. Therefore, for a preparation that maintains the same height and diameter, an increase in taper will indeed result in decreased resistance. This is critical in dental practice, as achieving the appropriate balance of taper is essential to ensure that crowns can withstand the forces of biting and chewing without coming loose. This is why it is often emphasized in dental education and practice to maintain a controlled, minimal taper that provides sufficient resistance without compromising the strength of the crown retention. Thus, this understanding clarifies the mechanics at play in the preparation of crowns and highlights why maintaining a careful taper is vital in crown design and application.

9. What is the most commonly recommended management approach for treated intruded primary teeth?

- A. Initiate immediate, forced eruption of the primary tooth to ensure minimal subsequent occlusal discrepancy.
- B. Perform immediate extraction of the tooth.
- C. Observation initially; with few exceptions, no attempt should be made to reposition the tooth after the accident.**
- D. Initiate pulpal debridement, followed by orthodontic eruption at 7-10 days.

The most commonly recommended management approach for treated intruded primary teeth is observation, with no immediate efforts to reposition the tooth after the incident. This is due to several factors related to the physiology and healing responses of primary teeth. When a primary tooth is intruded, it can typically heal and erupt back on its own as the developing permanent tooth underneath continues to mature. The period following intrusion is often crucial; many times, the root and surrounding periodontal structures have the capability to recover without intervention. The observation approach allows the dentist to monitor the injury and assess the natural eruption process without unintentionally causing damage to the developing permanent tooth or disturbing the healing process. In terms of timing, while some may have concerns about the aesthetic outcomes of an intruded tooth, the primary dentition is designed to be temporary, and the focus shifts more to the development of the permanent teeth. This management minimizes unnecessary procedures and potential complications that could arise from forced repositioning or extraction. Ultimately, careful observation is typically adequate unless specific complications arise, leading to an evaluation of the tooth's health and functionality or if there are signs of ankylosis or pulp necrosis that would necessitate further action.

10. Which type of suture has the longest absorption period?

- A. Chromic gut
- B. Polyglactin 910
- C. Poliglecaprone 25**
- D. Plain gut

The type of suture with the longest absorption period is poliglecaprone 25. This suture material, a synthetic monofilament, offers excellent tensile strength and is gradually absorbed by the body over a period of approximately 180 to 240 days. This prolonged absorption time makes it suitable for applications where sustained support is needed before the tissue fully heals. In comparison, chromic gut is absorbed within about 90 days, while plain gut tends to have a shorter absorption timeframe, typically around 70 days. Polyglactin 910, although it offers a reasonable absorption duration of about 50 to 70 days, is still considerably shorter than that of poliglecaprone 25. Thus, when selecting a suture material for surgical procedures requiring a longer duration of support, poliglecaprone 25 is the preferred choice due to its extended absorption characteristics.

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!

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