

AMERICAN BOARD OF PEDIATRIC DENTISTRY (ABPD) ORAL BOARDS 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. What is the treatment for a primary enamel-dentin fracture?**
 - A. Seal completely with glass ionomer
 - B. Partial pulpotomy with glass ionomer and resin
 - C. Extraction
 - D. Crown lengthening
- 2. In a mature tooth with intrusion less than 3 millimeters, the recommended treatment is**
 - A. Surgical repositioning
 - B. Extraction
 - C. Spontaneous re-eruption
 - D. Orthodontic extrusion
- 3. An enamel-dentin fracture is characterized by a fracture through enamel and dentin with no pulp exposure. What is the recommended treatment?**
 - A. Extraction
 - B. Immediate RCT
 - C. Bond tooth fragment, apply liner, resin repair
 - D. No treatment needed
- 4. Pink colored anterior tooth is most indicative of which condition?**
 - A. External root resorption
 - B. Indicative of internal root resorption
 - C. Calcific metamorphosis
 - D. Fracture
- 5. Which sedative has an onset of 15-20 minutes?**
 - A. Diazepam
 - B. Morphine
 - C. Midazolam
 - D. Flumazenil

6. What is the Epipen Jr dose?

- A. 0.6 mg
- B. 0.15 mg
- C. 0.3 mg
- D. 0.05 mg

7. Pulp necrosis/abscess/infection is a trauma sequela that most directly reflects

- A. Pulp canal obliteration
- B. Arrested root development
- C. Pulp necrosis/abscess/infection
- D. Dilaceration

8. What is the working time for the Morphine + Hydroxyzine cocktail?

- A. 45 minutes
- B. 15 minutes
- C. 60 minutes
- D. 90 minutes

9. Which statement about intrusive luxation management is true?

- A. In immature teeth, any intrusion should be managed with spontaneous eruption.
- B. In immature teeth with intrusion >7 mm, surgical or orthodontic repositioning is recommended.
- C. For mature teeth with less than 3 mm intrusion, immediate root canal therapy is required.
- D. Splinting is never needed.

10. In deep sedation, which statement best describes airway protection?

- A. Cannot be easily aroused, but respond purposefully after repeated verbal/painful stimulus.
- B. Ventilatory function may be impaired.
- C. CV maintained.
- D. May lose protective airway reflexes.

Answers

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

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Explanations

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1. What is the treatment for a primary enamel-dentin fracture?

- A. Seal completely with glass ionomer
- B. Partial pulpotomy with glass ionomer and resin
- C. Extraction
- D. Crown lengthening

When a primary tooth has an enamel-dentin fracture without pulp exposure, the main objective is to protect the exposed dentin and prevent microleakage so the tooth can remain functional until it naturally exfoliates. Sealing the fracture completely with glass ionomer cement achieves this well: glass ionomer bonds to both dentin and enamel, provides a good seal over the fracture line, reduces dentin tubule sensitivity, and releases fluoride to help resist caries. It's also relatively forgiving to place in a child's mouth and doesn't require complex pulp treatment when there's no exposure. Other options aren't appropriate here because they imply scenarios that aren't present. A partial pulpotomy would be indicated only if there were pulpal exposure with signs of inflammation or infection. Extraction would remove a tooth that is still functional and will be replaced by a permanent successor, which isn't necessary for a simple fracture. Crown lengthening isn't used in primary teeth, as the goal is to preserve the tooth until natural exfoliation.

2. In a mature tooth with intrusion less than 3 millimeters, the recommended treatment is

- A. Surgical repositioning
- B. Extraction
- C. Spontaneous re-eruption
- D. Orthodontic extrusion

Mild intrusion of a mature tooth often re-erupts on its own, so observation is the preferred approach when displacement is under about 3 mm. Repositioning interventions—whether surgical or orthodontic—add trauma to the periodontal ligament and surrounding bone and increase the risk of complications like ankylosis or root resorption, without a guaranteed benefit in these small intrusions. Monitor with regular exams and radiographs to confirm spontaneous re-eruption, and intervene later only if the tooth does not re-erupt or if occlusion or esthetics become problematic.

3. An enamel-dentin fracture is characterized by a fracture through enamel and dentin with no pulp exposure. What is the recommended treatment?

- A. Extraction
- B. Immediate RCT
- C. Bond tooth fragment, apply liner, resin repair
- D. No treatment needed

Preserve vitality and restore structure after an uncomplicated enamel-dentin fracture. If the broken fragment is available, reattach it using enamel-dentin bonding with an adhesive resin to restore anatomy and esthetics. Placing a liner over the dentin near the pulp helps protect the pulp and seal dentin against sensitivity, then finish with a resin-based composite to rebuild contour and function. Extraction or immediate root canal therapy isn't indicated when there is no pulp exposure, and doing nothing would fail to restore form and function. If the fragment isn't available, a direct composite restoration with bonding is an alternative, but the combination of bonding the fragment, applying a liner, and resin repair is the best approach when the fragment can be reused.

4. Pink colored anterior tooth is most indicative of which condition?

- A. External root resorption
- B. Indicative of internal root resorption**
- C. Calcific metamorphosis
- D. Fracture

Pink discoloration of an anterior tooth indicates tissue within the pulp space is actively changing and visible through the enamel. This arises when internal root resorption progresses: clastic cells remove dentin from inside the tooth and the pulpal tissue, often inflamed and vascular, fills the resorptive area. Because the enamel on an anterior tooth is relatively translucent, the reddish-pink tissue inside can be seen through the crown, creating a pink tooth appearance. This presentation is the most characteristic sign of internal root resorption. External root resorption affects the outer root surface and does not typically produce a pink crown hue; calcific metamorphosis involves calcification of the pulp and usually leads to yellowish or brown discoloration rather than pink; a fracture can cause color changes from hemorrhage, but the classic pink tooth is tied to internal resorption.

5. Which sedative has an onset of 15-20 minutes?

- A. Diazepam
- B. Morphine
- C. Midazolam**
- D. Flumazenil

Timing of onset for pediatric sedatives depends on the drug and how it's given, and midazolam used for conscious sedation by mouth has a typical onset of about 15–20 minutes. This makes it well-suited for preprocedure preparation, allowing the child to become sedated as the procedure begins. Diazepam can be given orally too, but it tends to have a slower onset and longer duration, which can make timing less predictable. Morphine is an analgesic rather than a primary sedative for anxiety and cooperation, so its onset isn't used to gauge sedative timing in this context. Flumazenil, on the other hand, is a reversal agent for benzodiazepines, not a sedative.

6. What is the Epipen Jr dose?

- A. 0.6 mg
- B. 0.15 mg**
- C. 0.3 mg
- D. 0.05 mg

Epinephrine given by auto-injector for pediatric anaphylaxis comes in fixed doses, with Epipen Jr designed for children who weigh about 15–30 kg. It delivers 0.15 mg of epinephrine per injection, which is the appropriate amount for that weight range. In contrast, the standard adult Epipen delivers 0.3 mg for larger patients (typically ≥ 30 kg). The other two options don't match the fixed pediatric dose used by the Jr device. In real practice, dosing can be guided by weight (0.01 mg/kg up to 0.3 mg), but the Jr device specifically provides 0.15 mg per dose, making that the correct choice.

7. Pulp necrosis/abscess/infection is a trauma sequela that most directly reflects

- A. Pulp canal obliteration
- B. Arrested root development
- C. Pulp necrosis/abscess/infection**
- D. Dilaceration

Traumatic injuries to teeth can trigger a range of pulp and root development responses. When the pulp becomes non-vital due to disruption of its blood supply, it can progress to necrosis and infection, presenting as an abscess or similar periapical pathology. This outcome directly shows the pulp has sustained irreversible damage from trauma and has become infected if not treated. In contrast, pulp canal obliteration is a calcific response that narrows the canal while the pulp tissue may remain non-infected, arrested root development reflects developmental disruption in immature teeth, and dilaceration is a root curvature from traumatic displacement during development. Therefore, the sequela that most directly reflects a traumatic insult to the pulp with infection potential is pulp necrosis/abscess/infection.

8. What is the working time for the Morphine + Hydroxyzine cocktail?

- A. 45 minutes**
- B. 15 minutes
- C. 60 minutes
- D. 90 minutes

Working time is the period after administration during which the patient remains in a suitable, cooperative sedation level to perform the dental procedure. For the Morphine plus hydroxyzine cocktail, the combination produces analgesia and sedation with onset in the 20–30 minute range and a practical cooperative window that typically lasts about 45 minutes. This makes 45 minutes the best fit for the intended procedural time. A 15-minute window is usually too short to complete a standard procedure, while 60 or 90 minutes would extend beyond the optimal cooperative phase and could increase the risk of deeper sedation or delayed recovery.

9. Which statement about intrusive luxation management is true?

- A. In immature teeth, any intrusion should be managed with spontaneous eruption.
- B. In immature teeth with intrusion >7 mm, surgical or orthodontic repositioning is recommended.**
- C. For mature teeth with less than 3 mm intrusion, immediate root canal therapy is required.
- D. Splinting is never needed.

Intrusive luxation management depends on how developed the tooth is and how much it has been displaced. When the tooth has an open apex (immature tooth), the pulp has a better chance to heal and revascularize, and mild injuries can sometimes be left to erupt spontaneously. But as the degree of intrusion becomes very large, especially more than about 7 mm, spontaneous repositioning is unlikely to occur and the tooth's position and the eruption path can be compromised. In that scenario, actively repositioning the tooth—either surgically or with orthodontic forces—corrects its position, restores occlusion, and reduces risks of complications like improper eruption, ankylosis, or root resorption. After repositioning, splinting is used to stabilize the tooth during healing. The other statements don't fit because mild intrusion in an immature tooth may be observed for spontaneous eruption, but not when intrusion is severe; immediate root canal therapy is not automatically required for a small intrusion in a mature tooth; and splinting is generally indicated after repositioning to stabilize the tooth, not "never needed."

10. In deep sedation, which statement best describes airway protection?

- A. Cannot be easily aroused, but respond purposefully after repeated verbal/painful stimulus.
- B. Ventilatory function may be impaired.
- C. CV maintained.
- D. May lose protective airway reflexes.**

In deep sedation, the level of consciousness and protective reflexes are reduced because the central nervous system is more suppressed. Airway protection relies on reflexes like coughing, gagging, and the ability to maintain a patent airway even with secretions or small amounts of material in the back of the throat. When these protective reflexes diminish, the patient may no longer adequately guard the airway, increasing the risk of airway obstruction and aspiration. While ventilatory function can be impaired and cardiovascular status can vary with sedation depth, the statement that directly describes airway protection is that protective airway reflexes may be lost. This highlights the key safety concern in deep sedation: diminished reflexes that protect the airway require readiness to manage the airway.

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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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