

Arizona State Coronal Polish Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. Which of the following is true about extrinsic stains?**
 - A. They originate from inside the tooth**
 - B. They can be removed by polishing**
 - C. They are permanent**
 - D. They are only caused by genetics**
- 2. Which surfaces of the teeth are included in the dental anatomical terminology?**
 - A. Buccal, incisal, occlusal, facial**
 - B. Lingual, mesial, distal, buccal**
 - C. Occlusal, incisal, distal, lingual**
 - D. Facial, mesial, occlusal, incisal**
- 3. What is mixed dentition and when is it typically visible?**
 - A. When all primary teeth are visible, ages 3-6 years old**
 - B. When only permanent teeth are present, by age 12**
 - C. When both permanent and primary teeth are visible, ages 6-12 years old**
 - D. When only primary teeth are present, by age 3**
- 4. Which abrasive is known to be least abrasive and useful for removing soft deposits?**
 - A. Coarse pumice**
 - B. Fine pumice**
 - C. Super fine pumice**
 - D. Medium grit abrasive**
- 5. What duct connects to the parotid gland?**
 - A. Wharton's duct**
 - B. Stenson's (parotid) duct**
 - C. Submandibular duct**
 - D. Lingual duct**

- 6. In coronal polishing, why is it important to assess stain presence before treatment?**
- A. To determine which toothpaste to use**
 - B. To guide the choice of polishing paste and technique**
 - C. To decide if polishing is needed at all**
 - D. To estimate the cost of treatment**
- 7. Which of the following describes concave?**
- A. A bulged surface**
 - B. A recessed or indented surface**
 - C. A flat surface**
 - D. A rough surface**
- 8. What is the primary benefit of using disposable materials in coronal polishing?**
- A. They are more cost-effective**
 - B. They help in reducing cross-contamination**
 - C. They require less training to use**
 - D. They provide a better aesthetic finish**
- 9. What is another term for gums?**
- A. Mandible**
 - B. Palate**
 - C. Gingiva**
 - D. Enamel**
- 10. What are intrinsic stains?**
- A. Stains on the surface of the tooth that can be brushed away**
 - B. Stains that originate from inside the tooth and cannot be removed**
 - C. External stains caused by food and beverages**
 - D. Stains that can only be removed with professional cleaning**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following is true about extrinsic stains?

- A. They originate from inside the tooth
- B. They can be removed by polishing**
- C. They are permanent
- D. They are only caused by genetics

Extrinsic stains are associated with the external surface of the teeth and are typically caused by factors such as food, beverages, smoking, or poor oral hygiene. These stains accumulate on the enamel and do not penetrate the tooth structure itself. The ability to remove these stains through polishing is significant because it highlights a key aspect of dental hygiene practices. Polishing, often performed with a prophylactic paste during dental cleanings or by coronal polishing techniques, is effective in removing these surface stains, resulting in a cleaner and more aesthetically pleasing smile. The other options describe characteristics that are not true for extrinsic stains. They do not originate from inside the tooth; instead, they reside on the tooth's exterior. Additionally, extrinsic stains are not permanent if proper oral hygiene practices are followed, and they are not caused solely by genetics, as external factors primarily contribute to their formation. Understanding this aspect is crucial for effective prevention and treatment strategies in dental care.

2. Which surfaces of the teeth are included in the dental anatomical terminology?

- A. Buccal, incisal, occlusal, facial
- B. Lingual, mesial, distal, buccal**
- C. Occlusal, incisal, distal, lingual
- D. Facial, mesial, occlusal, incisal

The selection of buccal, mesial, distal, and lingual correctly reflects the established dental anatomical terminology used to describe the various surfaces of the teeth. Each of these terms specifies a particular area of the tooth: - ****Buccal**** refers to the surface of the tooth that is closest to the inner cheek, which is significant for identifying areas related to the teeth's position in relation to the oral cavity. - ****Mesial**** denotes the surface of a tooth that is closest to the midline of the dental arch, essential for understanding the alignment and the spacing of teeth. - ****Distal**** indicates the surface that is farthest from the midline, which plays a role in dental discussions pertaining to tooth relations. - ****Lingual**** pertains to the surface of the tooth facing the tongue, relevant for both dental treatment planning and patient education. These specific terms collectively provide a comprehensive description of the various faces and aspects of teeth, crucial for effective communication about dental health. Other options may not include the full set of conventional terms used in dental anatomy, thereby missing some of the necessary surfaces for complete anatomical reference.

3. What is mixed dentition and when is it typically visible?

- A. When all primary teeth are visible, ages 3-6 years old**
- B. When only permanent teeth are present, by age 12**
- C. When both permanent and primary teeth are visible, ages 6-12 years old**
- D. When only primary teeth are present, by age 3**

Mixed dentition refers to the transitional period in a child's dental development where both primary (baby) teeth and permanent (adult) teeth are present in the mouth. This phase typically begins around the age of 6 when the first permanent molars and anterior teeth start to emerge. It continues until around age 12, when most of the primary teeth have been replaced by their permanent counterparts. During this period, it is common for children to have a combination of both types of teeth, which impacts their chewing, speaking, and overall oral development. This phase is significant for monitoring dental growth and ensuring proper alignment as the child matures. Understanding mixed dentition is essential for dental professionals when assessing a child's dental health and planning for future orthodontic needs.

4. Which abrasive is known to be least abrasive and useful for removing soft deposits?

- A. Coarse pumice**
- B. Fine pumice**
- C. Super fine pumice**
- D. Medium grit abrasive**

The reasoning for selecting super fine pumice as the least abrasive option lies in its physical properties and intended use in dental hygiene. Super fine pumice is specifically designed to have a very mild abrasive quality, making it ideal for polishing and removing soft deposits such as plaque or stain without damaging the enamel of the teeth. Its fine texture allows for effective cleaning while minimizing the risk of abrasion to the underlying tooth structure. In contrast, coarse pumice and medium grit abrasives are designed for more aggressive cleaning tasks and can potentially scratch or harm tooth surfaces. Fine pumice, while less abrasive than coarse or medium options, still doesn't achieve the gentleness of super fine pumice, which is preferable for delicate polishing procedures. Thus, opting for super fine pumice ensures effective removal of soft deposits while maintaining the integrity of the tooth surface, making it the best choice among the available options.

5. What duct connects to the parotid gland?

- A. Wharton's duct
- B. Stenson's (parotid) duct**
- C. Submandibular duct
- D. Lingual duct

The parotid gland, which is one of the major salivary glands, has a specific duct that facilitates the flow of saliva from the gland to the oral cavity. This duct is known as Stenson's duct. Stenson's duct opens into the mouth at the second upper molar, allowing saliva produced by the parotid gland to enter the oral cavity where it can assist with the initial stages of digestion and oral hygiene. This is crucial for maintaining overall oral health as saliva helps to neutralize acids and wash away food particles. Other ducts mentioned, such as Wharton's duct, connect to different glands—the submandibular gland, for instance, is drained by Wharton's duct. Similarly, the submandibular duct also refers to the same structure, and the lingual duct pertains to other functions in the oral region. However, Stenson's duct specifically serves the parotid gland, making it the correct choice in this context. This distinction is essential for understanding the anatomy and functioning of the salivary glands.

6. In coronal polishing, why is it important to assess stain presence before treatment?

- A. To determine which toothpaste to use
- B. To guide the choice of polishing paste and technique**
- C. To decide if polishing is needed at all
- D. To estimate the cost of treatment

Assessing stain presence before treatment is crucial in coronal polishing because it helps guide the choice of polishing paste and technique to be used during the procedure. Different types of stains—such as extrinsic stains from coffee, tea, or tobacco—require specific polishing materials that are best suited to effectively remove them without risking damage to the enamel. For example, a more abrasive polishing paste may be needed for heavy stains, while a milder paste may be appropriate for lighter discoloration. Additionally, understanding the nature and extent of the stains allows the dental professional to choose the right technique, ensuring effective stain removal while minimizing discomfort for the patient and protecting the tooth surface. This assessment also allows for tailoring the treatment approach to the specific needs of the patient, leading to a better overall outcome. While considering whether polishing is necessary, the choice of toothpaste, or estimating costs are factors in overall treatment planning, they do not directly relate to the immediate decision-making involved in selecting the appropriate polishing materials or techniques based on the type and presence of stains.

7. Which of the following describes concave?

- A. A bulged surface
- B. A recessed or indented surface**
- C. A flat surface
- D. A rough surface

Concave refers to a surface that curves inward or is recessed, resembling the interior of a bowl or a cave. This characteristic creates a dip or indentation, distinguishing it from other surface types. In the context of dental terminology or anatomy, identifying surfaces as concave is crucial because such shapes can affect how instruments like polishers or tools interact with teeth. Understanding the definition of concave helps with proper techniques in coronal polishing, focusing on how to approach the varied surfaces of teeth during a polishing procedure. This knowledge is essential for ensuring effective cleaning while avoiding damage to the enamel or surrounding tissues.

8. What is the primary benefit of using disposable materials in coronal polishing?

- A. They are more cost-effective
- B. They help in reducing cross-contamination**
- C. They require less training to use
- D. They provide a better aesthetic finish

The primary benefit of using disposable materials in coronal polishing is that they help in reducing cross-contamination. In dental practices, maintaining a high standard of infection control is crucial to protect both patients and healthcare providers. Disposable materials are designed for single use, which minimizes the risk of transferring bacteria or other pathogens from one patient to another. This practice enhances safety and upholds hygiene standards in clinical settings. While other options touch on relevant points, they do not address the main public health concern associated with dental procedures. Cost-effectiveness is important but not as critical as infection control. Similarly, while disposables may simplify some aspects of training, the emphasis on reducing cross-contamination remains paramount. Lastly, the aesthetic finish provided by disposable materials can vary and is not guaranteed to be superior compared to reusable alternatives, which may be specifically designed for optimal results. Thus, the focus on minimizing cross-contamination is the key reason behind the preference for disposables in this context.

9. What is another term for gums?

- A. Mandible
- B. Palate
- C. Gingiva**
- D. Enamel

The term "gingiva" refers specifically to the soft tissue that covers the bones of the jaw and surrounds the teeth. Gums play a critical role in oral health as they provide a protective barrier for the underlying structures of the teeth and jaw while also supporting the teeth. The health of the gingiva is vital because it can influence and be influenced by overall dental hygiene practices. The other options refer to different anatomical structures: the mandible is the lower jawbone, the palate refers to the roof of the mouth, and enamel is the hard outer layer of the teeth. Understanding these terms and their specific functions helps clarify why "gingiva" is the appropriate term for gums.

10. What are intrinsic stains?

- A. Stains on the surface of the tooth that can be brushed away
- B. Stains that originate from inside the tooth and cannot be removed**
- C. External stains caused by food and beverages
- D. Stains that can only be removed with professional cleaning

Intrinsic stains are those that originate from within the tooth structure itself, often due to factors such as developmental issues, aging, certain dental procedures, or exposure to certain substances during tooth development. Because these stains are embedded within the enamel and dentin layers of the tooth, they cannot be removed through regular oral hygiene practices like brushing or even through external treatments such as whitening products. They often require more advanced dental procedures, such as bleaching or cosmetic intervention, to effectively lighten or mask their appearance. Understanding this distinction is crucial for anyone in the dental field, particularly when assessing and addressing patients' cosmetic concerns or treatment options.