

Australian Dental Council (ADC) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 movement occurs first when opening the mouth in the TMJ area?**
 - A. Translation of the condyle**
 - B. Initial rotation of the condyle**
 - C. Protrusion of the mandible**
 - D. Depression of the mandible**

- 2. Which of the following is classified as a staphylococcal infection?**
 - A. Scarlet fever**
 - B. Pericarditis**
 - C. Pancreatitis**
 - D. Carbuncle**

- 3. Which of the following conditions does NOT commonly metastasize?**
 - A. Basal cell carcinoma**
 - B. Squamous cell carcinoma**
 - C. Adenocarcinoma**
 - D. Melanoma**

- 4. What factors are considered when reconstructing the occlusal anatomy?**
 - A. Functional factors**
 - B. Depth of restoration on a tooth**
 - C. Necessity to restore normal anatomy**
 - D. All of the above**

- 5. What is a likely outcome of disuse of the periodontal ligament?**
 - A. Increased bone density**
 - B. Thickening of the linking fibers**
 - C. Atrophy of the ligament**
 - D. Hyperplasia of the ligament**

- 6. What is a defining characteristic of Treacher Collins syndrome?**
- A. Cleft palate**
 - B. Severe chronic periodontitis**
 - C. Hereditary gingival fibromatosis**
 - D. Impacted third molars**
- 7. Marble bone disorder is also known as which condition?**
- A. Osteoporosis**
 - B. Osteopetrosis**
 - C. Osteogenesis imperfecta**
 - D. Fibrous dysplasia**
- 8. If the focal spot to film distance is increased from 20cm to 40cm, the intensity of radiation is reduced by:**
- A. A. $\frac{1}{2}$**
 - B. B. $\frac{1}{4}$**
 - C. C. $\frac{1}{3}$**
 - D. D. $\frac{1}{5}$**
- 9. Which condition increases ACTH and subsequently MSH leading to skin pigmentation?**
- A. Addison's disease**
 - B. Diabetes**
 - C. Cushing's syndrome**
 - D. Hyperthyroidism**
- 10. Which of the following materials is least suitable for class IV cavities?**
- A. Resins with glass or quartz**
 - B. Silico-phosphate**
 - C. Silicates**
 - D. Resins with silicone dioxide (SiO₂)**

Answers

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

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Explanations

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1. What movement occurs first when opening the mouth in the TMJ area?

- A. Translation of the condyle**
- B. Initial rotation of the condyle**
- C. Protrusion of the mandible**
- D. Depression of the mandible**

When opening the mouth at the temporomandibular joint (TMJ), the initial movement that occurs is the rotation of the condyle. This initial rotation is crucial because it allows the lower jaw to begin its downward movement, creating space in the oral cavity and enabling further mouth opening. During this phase, the condyle rotates forward around the horizontal axis. This rotation allows for the mouth to open slightly before any significant translation or movement of the condyle forward occurs. It's important to note that while translation does happen as the mouth opens wider, it comes after this initial rotation. Understanding the mechanics of TMJ movements is essential for dental professionals, as it informs procedures involving mouth opening, restorations, and diagnostics involving TMJ disorders.

2. Which of the following is classified as a staphylococcal infection?

- A. Scarlet fever**
- B. Pericarditis**
- C. Pancreatitis**
- D. Carbuncle**

A carbuncle is classified as a staphylococcal infection because it is a localized skin infection caused by Staphylococcus bacteria, typically Staphylococcus aureus. These bacteria can invade the skin through small breaks or hair follicles, leading to the formation of a painful cluster of boils or abscesses. The presence of pus, redness, and swelling are key characteristics of this condition, which is associated with the virulence of staphylococcal species. In contrast, scarlet fever is caused by streptococcal bacteria, which produce toxins leading to a distinct rash and systemic symptoms. Pericarditis, the inflammation of the pericardium, can be due to various infections or non-infectious causes, but it is not specifically linked to staphylococcal infection. Similarly, pancreatitis refers to inflammation of the pancreas, which is primarily associated with gallstones and alcohol use rather than a staphylococcal origin. Thus, the defining characteristics and causative agents clearly designate carbuncles as the correct answer in identifying a staphylococcal infection.

3. Which of the following conditions does NOT commonly metastasize?

- A. Basal cell carcinoma**
- B. Squamous cell carcinoma**
- C. Adenocarcinoma**
- D. Melanoma**

Basal cell carcinoma typically does not metastasize, which is a defining characteristic of this type of skin cancer. It is considered the least aggressive form of skin cancer and primarily remains localized, growing slowly and causing local tissue destruction rather than spreading to distant sites in the body. In contrast, squamous cell carcinoma, adenocarcinoma, and melanoma are known to have a higher likelihood of metastasizing. Squamous cell carcinoma can spread to lymph nodes and other organs, particularly if it is poorly differentiated or arises in an inflammatory context. Adenocarcinomas, which originate in glandular tissues, also have the potential to metastasize depending on their location and type. Melanoma, known for its aggressive nature, is notorious for its ability to metastasize early and widely throughout the body, including to the brain, liver, and lungs. Understanding the behavior of these cancers in terms of metastasis helps in determining treatment approaches and assessing prognosis. Basal cell carcinoma's tendency to remain localized allows for effective treatments and a favorable prognosis when detected early.

4. What factors are considered when reconstructing the occlusal anatomy?

- A. Functional factors**
- B. Depth of restoration on a tooth**
- C. Necessity to restore normal anatomy**
- D. All of the above**

When reconstructing the occlusal anatomy, it is essential to consider functional factors because these deeply influence how the teeth interact during various activities such as chewing, speaking, and even at rest. Functional factors include the alignment of the teeth, the forces applied during occlusion, and the overall dental occlusion dynamics. Proper occlusal reconstruction ensures that these functional aspects are preserved, helping to maintain the patient's health and comfort. Depth of restoration on a tooth and the necessity to restore normal anatomy are also crucial, but each of these elements falls under a broader understanding of functionality. The depth of a restoration can impact how a tooth engages in occlusion, and restoring normal anatomy is vital for achieving appropriate functional contact. Collectively, these factors contribute to a successful occlusal restoration, but functional factors must be prioritized as they directly affect the effectiveness of the restoration and the patient's ability to perform everyday activities comfortably.

5. What is a likely outcome of disuse of the periodontal ligament?

- A. Increased bone density**
- B. Thickening of the linking fibers**
- C. Atrophy of the ligament**
- D. Hyperplasia of the ligament**

Disuse of the periodontal ligament leads to atrophy of the ligament due to the lack of functional stimuli that are typically provided by normal activities such as chewing and movement of the teeth. The periodontal ligament is a connective tissue that surrounds the roots of teeth and helps maintain their position in the jawbone. It plays a crucial role in the support and health of teeth, and when the ligament is not subjected to normal stresses, it undergoes a reduction in cellularity and density, leading to atrophy. This process results in a weakening of the ligament and may compromise the structural integrity of the teeth and their relationship with the surrounding bone. In cases of disuse, the ligaments do not receive the necessary mechanical load that stimulates maintenance and regeneration. As a result, the health of the periodontal ligament declines, which impacts not only the ligament itself but can also affect the supporting alveolar bone. In contrast, increased bone density, thickening of the linking fibers, and hyperplasia of the ligament are outcomes associated with functional load and stimulation, which are absent in states of disuse. Thus, they do not accurately represent the physiological response of the periodontal ligament to disuse.

6. What is a defining characteristic of Treacher Collins syndrome?

- A. Cleft palate**
- B. Severe chronic periodontitis**
- C. Hereditary gingival fibromatosis**
- D. Impacted third molars**

Treacher Collins syndrome is a genetic disorder that primarily affects the development of facial bones and tissues. One of the defining characteristics of this syndrome is the presence of craniofacial anomalies, which often includes a cleft palate. Individuals with Treacher Collins syndrome typically exhibit underdeveloped facial structures, including the cheekbones and jaw, leading to functional issues and the potential for a cleft palate due to disrupted palatal development. Other conditions mentioned, such as severe chronic periodontitis, hereditary gingival fibromatosis, and impacted third molars, are not typically associated with Treacher Collins syndrome. While oral health complications, including potential alignment issues due to underdeveloped jaws, could arise indirectly, cleft palate is a more direct and recognized characteristic of the condition.

7. Marble bone disorder is also known as which condition?

- A. Osteoporosis
- B. Osteopetrosis**
- C. Osteogenesis imperfecta
- D. Fibrous dysplasia

Marble bone disorder, known as osteopetrosis, is characterized by an abnormal increase in bone density due to a failure in the normal resorption process of bone. This condition results from genetic mutations affecting the osteoclasts, the cells responsible for breaking down bone tissue. As a result, bones become overly dense but also brittle, leading to a higher risk of fractures despite the increased density. Osteopetrosis typically presents with symptoms such as pain, frequent fractures, and various complications due to compressed nerves and bone marrow failure. The abnormal accumulation of bone tissue results in a "marble-like" appearance on X-rays, hence the name marble bone disorder. Other conditions like osteoporosis, osteogenesis imperfecta, and fibrous dysplasia have distinct etiology and pathology that do not align with the characteristics of marble bone disorder. Osteoporosis involves a reduction in bone density and mass, osteogenesis imperfecta is primarily a disorder of collagen formation leading to brittle bones, and fibrous dysplasia involves the replacement of normal bone with fibrous tissue but does not lead to the excessive density seen in osteopetrosis.

8. If the focal spot to film distance is increased from 20cm to 40cm, the intensity of radiation is reduced by:

- A. A. $\frac{1}{2}$
- B. B. $\frac{1}{4}$**
- C. C. $\frac{1}{3}$
- D. D. $\frac{1}{5}$

The intensity of radiation follows the inverse square law, which states that the intensity of radiation is inversely proportional to the square of the distance from the source. This means that if the distance from the source (in this case, the focal spot) is doubled, the intensity becomes one-fourth of its original value. When the focal spot to film distance is increased from 20 cm to 40 cm, the distance has effectively doubled. According to the inverse square law, the calculation for intensity is as follows: If the original intensity is I at a distance of 20 cm, then at 40 cm, the intensity becomes: $(I' = \frac{I}{(2)^2} = \frac{I}{4})$ This calculation confirms that the intensity of radiation is reduced to one-fourth of its original value, which corresponds to the answer provided. Hence, knowing this principle helps in understanding the relationship between distance and intensity of radiation in radiographic practices.

9. Which condition increases ACTH and subsequently MSH leading to skin pigmentation?

- A. Addison's disease**
- B. Diabetes**
- C. Cushing's syndrome**
- D. Hyperthyroidism**

Addison's disease is characterized by insufficient production of adrenal hormones, primarily cortisol. When cortisol levels are low, the body compensates by increasing the secretion of adrenocorticotrophic hormone (ACTH) from the pituitary gland. Elevated levels of ACTH can lead to an increase in melanocyte-stimulating hormone (MSH), which is structurally similar to ACTH and can stimulate melanocytes in the skin to produce more melanin, resulting in hyperpigmentation. This is often seen in areas of skin that are exposed to friction, such as the elbows and knees, and can manifest as a generalized darkening of the skin. In contrast, conditions like diabetes, Cushing's syndrome, or hyperthyroidism do not primarily lead to an increase in ACTH in the same way. Cushing's syndrome typically results from excess cortisol production, which does not correlate with an increase in ACTH or MSH. Hyperthyroidism is related to thyroid hormone levels and does not have a direct link to melanocyte stimulation. Diabetes affects glucose metabolism and does not influence ACTH or pigmentation in this manner. Therefore, Addison's disease is the condition that leads to increased ACTH and subsequently MSH, promoting skin pigmentation changes.

10. Which of the following materials is least suitable for class IV cavities?

- A. Resins with glass or quartz**
- B. Silico-phosphate**
- C. Silicates**
- D. Resins with silicone dioxide (SiO₂)**

In the context of class IV cavities, which are located in the anterior teeth and involve the incisal edge and proximal surfaces, the properties of the restorative materials are crucial to ensure durability and aesthetic outcomes. Resins with silicone dioxide (SiO₂) are less suitable for this application primarily due to their mechanical properties. Resins, in general, can offer excellent aesthetics and can be color-matched to the natural tooth structure, making them more appealing for anterior restorations. However, the inclusion of silicone dioxide may affect the material's strength and fracture resistance. Class IV restorations are subjected to significant stress during mastication, especially at the incisal edge, and materials need to withstand these forces without chipping or breaking. Other materials listed, such as resins with glass or quartz, silico-phosphate, and silicates, typically have improved properties that support their use in class IV cavities. For example, resins with glass or quartz can contain filler particles that enhance strength and handle masticatory forces better. Silico-phosphate and silicates also provide satisfactory aesthetics and wear resistance. Therefore, while resins with silicone dioxide might exhibit some desirable properties, their limitations in strength and toughness make them the least suitable choice for class IV cavities when compared

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://adc.examzify.com>

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

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