California Coronal Polishing Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. In California, who is legally permitted to remove calculus?

A. Registered Dental Hygienist (RDH)

B. Dental Assistant (DA)

C. Doctor of Dental Surgery (DDS)

D. Dental Practice Manager

2. In which scenario is coronal polishing contraindicated?

A. In patients with a history of orthodontic treatment

B. In patients who regularly receive fluoride treatments

C. In patients with active periodontal disease

D. In patients who have recently undergone teeth whitening

3. How does unwaxed floss differ from waxed floss when used for dental care?

A. It is easier to use and gentler on gums

B. It causes more friction to help remove plaque

C. It is better for whitening teeth

D. It leaves a minty flavor

4. In which areas of the mouth is plaque accumulation most common?

A. Only on the lower molars

B. On the occlusals only

C. All surfaces of the teeth

D. Only interproximally

5. How should a dental hygienist inform a patient about coronal polishing?

A. By providing a brochure with minimal information

B. By explaining the procedure, its benefits, and any potential risks

C. By performing the procedure without discussing it first

D. By suggesting the patient look it up online for detailed information

6. When establishing a fulcrum, what precaution must be taken?

A. Only use a handpiece

B. Wear gloves at all times

C. All of the choices are correct

D. Maintain a steady hand at all times

7. What type of stain may be observed in healthy mouths, especially in females and children?

A. Intrinsically stained teeth

B. Black line stain

C. Extrinsic stain

D. Yellow stain

8. What is one use of disclosing agents prior to a prophylaxis?

A. To measure the distance between gums and teeth

B. To provide a visual indication of plaque

C. To establish a baseline for whitening

D. To help in cavity detection

9. Which type of floss is recommended for increased friction to remove plaque from interproximal areas?

A. Waxed floss

B. Unwaxed floss

C. Flavored floss

D. Dot floss

10. What is an important consideration when selecting polishing paste for a patient?

A. The color of the paste

B. The flavor preference of the patient

C. The patient's dental condition and sensitivity

D. The brand of the polishing paste

Answers

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

Explanations

1. In California, who is legally permitted to remove calculus?

A. Registered Dental Hygienist (RDH)

B. Dental Assistant (DA)

C. Doctor of Dental Surgery (DDS)

D. Dental Practice Manager

In California, the legal framework surrounding the removal of calculus is primarily established to ensure that this specialized task is performed by qualified professionals who understand both dental anatomy and appropriate techniques. The correct choice, which indicates that a Doctor of Dental Surgery (DDS) is permitted to remove calculus, reflects the extensive education and training that dentists receive in dental school. They are equipped with the necessary knowledge and skills to assess and treat various dental conditions, including the removal of calculus. Dentists are trained to carry out comprehensive oral examinations and perform a variety of dental procedures. The removal of calculus is typically part of routine dental care to prevent gum disease and other oral health issues. Because it requires an understanding of periodontal health and the proper use of instruments, the task is reserved for licensed individuals who have undergone rigorous training. In contrast, while registered dental hygienists (RDHs) are also qualified to remove calculus as part of their licensing and training, this choice does not mention them as the designated option here. Dental assistants (DAs) and dental practice managers do not possess the necessary qualifications to remove calculus; their roles are more supportive and administrative in nature, focusing on patient care and practice management rather than direct dental treatment.

2. In which scenario is coronal polishing contraindicated?

A. In patients with a history of orthodontic treatment

B. In patients who regularly receive fluoride treatments

C. In patients with active periodontal disease

D. In patients who have recently undergone teeth whitening

Coronal polishing is a procedure designed to remove plaque, biofilm, and surface stains from teeth, typically using a rotating brush or rubber cup with a polishing agent. While it is an effective and beneficial practice in many dental hygiene contexts, it is contraindicated in certain situations to protect patient health. In the case of active periodontal disease, performing coronal polishing could exacerbate the condition. This is because the procedure involves the removal of plaque and calculus from the tooth surfaces, which could irritate already inflamed gingival tissues. Active periodontal disease is characterized by the presence of deep pockets, infection, and inflammation, where the risk of further irritation and damage is high. As such, performing coronal polishing in these circumstances may not only be ineffective but could also lead to increased discomfort for the patient and potential worsening of the periodontal condition. In contrast, the other scenarios presented do not hold the same risk. Patients with a history of orthodontic treatment, those who regularly receive fluoride treatments, and those who have recently undergone teeth whitening do not have contraindications that inherently preclude the use of coronal polishing. Therefore, understanding the implications of periodontal health is crucial in determining when coronal polishing should be avoided.

3. How does unwaxed floss differ from waxed floss when used for dental care?

A. It is easier to use and gentler on gums

B. It causes more friction to help remove plaque

C. It is better for whitening teeth

D. It leaves a minty flavor

Unwaxed floss is designed to be thinner and may create more friction against the surfaces of the teeth and between the gumline when used. This increased friction can be beneficial in helping to remove plaque and debris that can accumulate in tight spaces between teeth, which is a critical aspect of effective dental hygiene. This characteristic allows unwaxed floss to be more effective in some cases where waxed floss might glide over plaque rather than removing it. While unwaxed floss can be effective for plaque removal, it is essential to note that its use may be less comfortable for some individuals, particularly those with sensitive gums or larger spaces between their teeth. Waxed floss tends to glide more easily, which may contribute to a gentler cleaning experience, though it can be less effective at scraping plaque in tight areas. The other options provided relate to properties of dental floss that do not accurately describe how unwaxed and waxed floss operate. For example, the ease of use, effects on tooth whitening, and flavoring do not fundamentally define the primary differences in function and effectiveness as they relate to plaque removal.

4. In which areas of the mouth is plaque accumulation most common?

A. Only on the lower molars

B. On the occlusals only

C. All surfaces of the teeth

D. Only interproximally

Plaque accumulation is indeed most common on all surfaces of the teeth due to several factors, including the anatomy of the teeth and the conditions within the oral environment. Plaque, a sticky film of bacteria, forms when food particles and saliva mix, and it can develop on any surface where there is a tooth. This includes the occlusal surfaces (the chewing surfaces), interproximal areas (the spaces between teeth), facial surfaces (towards the lips and cheeks), and lingual surfaces (towards the tongue). Typically, areas that are harder to reach with toothbrushes or that have irregularities in their surfaces tend to accumulate plaque more readily. For instance, the interproximal areas and the margins along gum lines may be particularly prone to plaque retention. Thus, it's important to note that while some surfaces might be more susceptible, plaque is not limited to just one type of surface or area—it can form across all surfaces of the teeth if proper oral hygiene is not maintained. Other options tend to narrow the focus to specific areas or types of surfaces, suggesting that plaque accumulation is restricted, which does not accurately reflect the comprehensive nature of plaque presence in the mouth. Understanding this can help maintain a more thorough oral hygiene routine, as all areas of the

5. How should a dental hygienist inform a patient about coronal polishing?

A. By providing a brochure with minimal information

B. By explaining the procedure, its benefits, and any potential risks

C. By performing the procedure without discussing it first

D. By suggesting the patient look it up online for detailed information

Informing a patient about coronal polishing in a comprehensive manner is essential for building trust and ensuring the patient feels comfortable with the procedure. By explaining the procedure, its benefits, and any potential risks, the dental hygienist not only educates the patient but also empowers them to make informed decisions about their oral health. This thorough communication ensures that the patient understands what coronal polishing entails, such as the technique used, the expected outcomes like a clean and polished smile, and any possible side effects such as sensitivity that may occur during or after the procedure. It is particularly important to discuss the benefits, such as the removal of plaque and stains, which can improve the appearance of teeth and contribute to overall dental hygiene. Addressing potential risks helps set realistic expectations and encourages open dialogue, making the patient feel valued and heard. This complete approach contrasts with simply providing minimal information, performing the procedure without discussion, or directing the patient to look up information online, which can lead to misunderstandings or anxiety about the procedure.

6. When establishing a fulcrum, what precaution must be taken?

A. Only use a handpiece

B. Wear gloves at all times

C. All of the choices are correct

D. Maintain a steady hand at all times

Establishing a fulcrum is essential in maintaining stability and control during coronal polishing procedures. It helps the dental professional achieve precision while minimizing hand strain and ensuring patient safety. Wearing gloves is crucial for infection control, creating a barrier between the clinician and potential contaminants; this is a standard practice in all dental procedures to maintain hygiene and protect both the patient and the practitioner. Using only a handpiece doesn't address the importance of ergonomics and stability that a fulcrum provides. A steady hand is critical for effective polishing, as it leads to better control and reduces the risk of injury to the patient. Therefore, considering all of these critical precautions collectively ensures a safe and effective procedure. Each aspect contributes to achieving optimal results while prioritizing safety and clinical effectiveness in a coronal polishing context.

7. What type of stain may be observed in healthy mouths, especially in females and children?

A. Intrinsically stained teeth

B. Black line stain

C. Extrinsic stain

D. Yellow stain

The presence of black line stain is often associated with healthy mouths, particularly in females and children. This type of stain typically appears as a thin, dark line near the gum line and is composed of microorganisms and their byproducts. One of the notable characteristics of black line stain is that it does not indicate any underlying dental or periodontal issue, which is why it can be observed even in well-maintained oral health conditions. This staining is thought to be related to certain dietary habits, oral hygiene practices, and possibly genetic factors, making it more common in some populations. In contrast, other types of stains, such as intrinsic stains, which are incorporated into the tooth structure, and extrinsic stains, which are caused by external factors like food and tobacco, do not share these same implications regarding oral health. Therefore, the distinctive nature of black line stain as a marker of healthy oral conditions is what makes it the correct answer in this context.

8. What is one use of disclosing agents prior to a prophylaxis?

A. To measure the distance between gums and teeth

B. To provide a visual indication of plaque

C. To establish a baseline for whitening

D. To help in cavity detection

Disclosing agents are used in dental practice primarily to provide a visual indication of plaque. These agents contain dyes that adhere to plaque, which allows both the dental professional and the patient to see areas where plaque accumulates on the teeth. By highlighting these areas, the disclosing agent helps in identifying spots that require more thorough cleaning during prophylaxis. This visual feedback is crucial for effective oral hygiene education and encourages patients to improve their brushing and flossing techniques in those areas. The use of disclosing agents is particularly valuable as it not only enhances the effectiveness of the prophylaxis treatment but also assists in teaching patients about their oral hygiene practices. It creates an interactive experience that can motivate patients to maintain better dental care habits outside of the dental office. The other choices do not accurately reflect the primary function of disclosing agents. Measuring the distance between gums and teeth, establishing a baseline for whitening, and aiding in cavity detection are not purposes served by disclosing agents. Instead, those tasks typically involve other instruments or methods in clinical dental practice.

9. Which type of floss is recommended for increased friction to remove plaque from interproximal areas?

A. Waxed floss

B. Unwaxed floss

C. Flavored floss

D. Dot floss

Unwaxed floss is the recommended option for increased friction to effectively remove plaque from interproximal areas. Its design allows for a more textured surface compared to waxed floss, which provides a slicker, smoother feel. The increased friction from unwaxed floss helps it to better engage with plaque and debris that may be lodged between teeth, enhancing its cleaning efficacy in tight spaces. The textured surface of unwaxed floss can more easily dislodge plaque and food particles, contributing to improved oral hygiene. It is particularly useful in situations where there is minimal spacing between teeth, as it can slip into areas that might resist entry by waxed floss. While flavored and dot floss options enhance the user experience, and waxed floss provides a smoother glide, unwaxed floss is specifically effective for maximizing plaque removal due to its increased friction.

10. What is an important consideration when selecting polishing paste for a patient?

A. The color of the paste

B. The flavor preference of the patient

C. The patient's dental condition and sensitivity

D. The brand of the polishing paste

When selecting polishing paste for a patient, considering the patient's dental condition and sensitivity is crucial for several reasons. Different patients have varying levels of dental health, and some may have specific issues, such as enamel erosion, periodontal disease, or dental restorations. A polishing paste that is too abrasive can further damage sensitive teeth or restorations, leading to increased discomfort or complications. Additionally, patients with conditions such as gingivitis or other periodontal issues may require a gentler approach to prevent further irritation. Therefore, assessing the overall dental condition enables the dental professional to choose a paste that is not only effective but also safe and comfortable for the patient, ensuring a positive experience during the procedure. This consideration prioritizes patient well-being and helps maintain or enhance their oral health.