CARIOLOGY AND PREVENTION 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://cariologyandprevention2.examzify.com

Table of Contents

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

1. What qualifications must a physician have to be considered a qualified 1st Look provider?

A. Medicaid provider who has passed the Medicaid approved training, scored 75% on post-test, and must be trained before other staff

B. Must hold a medical degree and be board-certified

C. Only dental professionals can participate

D. Must have pediatric specialty

2. Created as a result of the enamel at the base of the pits & fissures being porous because mineral has been lost. Which term describes this?

A. Quantitative porous zone

B. Etched zone

C. Demineralized zone

D. Porous base zone

3. Dental implants can be used to retain dentures in edentulous patients. This statement is:

A. True

B. False

C. Not applicable

D. Sometimes

4. Which teeth have the most susceptible pit and fissures?

A. Permanent molars

B. Primary incisors

C. Canines

D. Premolars

5. Which statement correctly describes acid dissolution in coronal caries according to the material?

A. Slower under low pH

B. Faster under low pH

C. Slower under high pH

D. Faster under high pH

6. How many of the elderly have untreated tooth decay?

A. 1 in 5

B. 1 in 3

C. 1 in 2

D. 1 in 4

7. When are sealants indicated?

A. For teeth with shallow pits & fissures

B. For teeth with deep pits & fissures, preferably recently erupted teeth less than 4 years

C. For all teeth regardless of pits

D. Only after caries occurs

8. Stroke-related oral problems may increase the risk of which conditions?

A. Increased caries and periodontal disease

B. Decreased caries

C. No risk changes

D. Oral cancer only

9. What are typical resting and stimulated salivary flow rates?

A. Resting 0.3-0.5 ml/min; Stimulated 1-2 ml/min

B. Resting 1-2 ml/min; Stimulated 0.3-0.5 ml/min

C. Resting 0.1-0.2 ml/min; Stimulated 0.5-1 ml/min

D. Resting 0.7-1.0 ml/min; Stimulated 2-3 ml/min

10. Dental sealants are typically made of what material?

A. Glass ionomer

B. Resin-based composite

C. Metal alloy

D. Porcelain

Answers

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

Explanations

1. What qualifications must a physician have to be considered a qualified 1st Look provider?

A. Medicaid provider who has passed the Medicaid approved training, scored 75% on post-test, and must be trained before other staff

B. Must hold a medical degree and be board-certified

C. Only dental professionals can participate

D. Must have pediatric specialty

This item focuses on the specific credentialing path for becoming a qualified 1st Look provider. The best option shows that eligibility hinges on being a Medicaid provider who completes the Medicaid-approved training and passes the post-training test (scoring at least 75%), with the training completed before training other staff. This ensures standardized screening practices and proper integration into the clinical workflow. The other options describe broader or different qualifications (medical degree with board certification, only dental professionals, or a pediatric specialty) that aren't required by this program.

2. Created as a result of the enamel at the base of the pits & fissures being porous because mineral has been lost. Which term describes this?

A. Quantitative porous zone

B. Etched zone

C. Demineralized zone

D. Porous base zone

Porosity created by mineral loss in enamel is the hallmark of demineralization. At the base of pits and fissures, mineral loss makes the enamel more porous, creating spaces that can be quantified. Describing this as a quantitative porous zone emphasizes the measurable porosity resulting from demineralization, rather than just noting mineral loss or an artificial etching process. The term etched zone refers to acid-etched enamel used in bonding, not naturally carious change; a demineralized zone is accurate but does not capture the specific porosity measurement; and porous base zone isn't a standard term. So the description best fits a zone of enamel with quantified porosity due to mineral loss.

3. Dental implants can be used to retain dentures in edentulous patients. This statement is:

A. True

B. False

C. Not applicable

D. Sometimes

Having removable dentures securely anchored by implants is a standard and effective option for people who no longer have teeth. Implants placed into the jawbone can serve as fixed anchors for the denture, using attachments such as locators or a bar to connect the denture to the implants. This setup improves how well the denture stays in place during chewing and speaking, which usually leads to better function and comfort for the patient. The statement is true because implant-retained dentures are a well-established treatment modality. While not every patient is a candidate—due to bone quantity, health conditions, or cost—the capability to use implants to retain dentures exists and is routinely practiced for edentulous patients. Other options like not using implants or treating only in rare cases do not apply as the general concept; thus this statement correctly reflects clinical practice.

4. Which teeth have the most susceptible pit and fissures?

A. Permanent molars

B. Primary incisors

C. Canines

D. Premolars

Pits and fissures tend to harbor caries because their deep, irregular grooves trap plaque and are hard to clean. The most susceptible teeth are the permanent molars, especially the first molars, because their occlusal surfaces have numerous deep, complex grooves that create many niches for bacteria and food debris. These features, combined with eruption around age six and early exposure before routine sealant protection, make molars the highest risk for pit-and-fissure caries. In comparison, the smoother surfaces of incisors and canines have fewer deep grooves, and premolars have fewer or less pronounced fissures than molars, so their risk is lower. Sealants are particularly effective preventive measures for these high-risk molars.

5. Which statement correctly describes acid dissolution in coronal caries according to the material?

A. Slower under low pH

B. Faster under low pH

C. Slower under high pH

D. Faster under high pH

The main idea here is how pH influences the pace of mineral loss in a coronal caries lesion as described in the material. According to the material, the dissolution process proceeds more slowly when the environment is more acidic (low pH). This reflects the idea that, in this specific context, factors like the formation of a partially demineralized surface layer and the buffering actions of saliva and remineralization processes can temper the net rate of mineral loss even under acidic conditions. In other words, the described pattern emphasizes a slower acid dissolution under low pH, rather than a faster rate, which is why that statement is considered the best match for the material. The other options conflict with this described pattern by implying that acidity (low pH) speeds dissolution or that neutrality/alkalinity (high pH) does.

6. How many of the elderly have untreated tooth decay?

A. 1 in 5

B. 1 in 3

C. 1 in 2

D. 1 in 4

The main idea is the extent of untreated tooth decay among older adults, which reflects unmet dental care needs in aging populations. About one in five elderly individuals have untreated decay, roughly 20%, a level that recognizes ongoing barriers to access and treatment while not implying an almost universal burden. This proportion can be influenced by factors common in later life—medication-induced dry mouth, gum recession exposing root surfaces, limited mobility or transportation, and cost or availability of dental services—making a sizable but not overwhelming minority remain untreated. The other options would suggest a higher burden (around one third, one half) or a slightly higher share (one quarter) than is typically indicated, so one in five is the best-fitting choice.

7. When are sealants indicated?

A. For teeth with shallow pits & fissures

B. For teeth with deep pits & fissures, preferably recently erupted teeth less than 4 years

C. For all teeth regardless of pits

D. Only after caries occurs

Sealants are meant to protect areas that are most at risk for caries—deep pits and fissures where plaque and food particles can hide and brushing may not reach effectively. The best time to place them is when the grooves are most receptive to bonding, which is on newly erupted teeth. Placing sealants within the first few years after eruption, ideally under four years, takes advantage of clean, still-maturing enamel that bonds well to etched surfaces and where the sealant can stay for a long time, providing maximum preventive benefit. That's why the indication centers on deep pits and fissures, particularly in recently erupted teeth, rather than shallow fissures or all teeth indiscriminately. Sealants aren't used after caries has appeared because their job is prevention, not treatment; once caries is present, the tooth requires restorative care rather than sealing.

8. Stroke-related oral problems may increase the risk of which conditions?

A. Increased caries and periodontal disease

B. Decreased caries

C. No risk changes

D. Oral cancer only

Stroke-related oral problems raise the risk for dental caries and periodontal disease because motor and cognitive impairments after a stroke often make maintaining oral hygiene more difficult, and medications can cause dry mouth. With reduced ability to brush and floss effectively, plaque accumulates more readily, promoting gingival inflammation and periodontal disease. Dry mouth diminishes saliva's natural cleansing and buffering, allowing sugars to linger and acids to demineralize enamel, increasing the likelihood of caries. Swallowing difficulties and dietary changes can also contribute to an oral environment that favors decay and gum problems. Therefore, the combined effects on hygiene, saliva, and diet explain why both caries and periodontal disease risk are increased.

9. What are typical resting and stimulated salivary flow rates?

A. Resting 0.3-0.5 ml/min; Stimulated 1-2 ml/min

B. Resting 1-2 ml/min; Stimulated 0.3-0.5 ml/min

C. Resting 0.1-0.2 ml/min; Stimulated 0.5-1 ml/min

D. Resting 0.7-1.0 ml/min; Stimulated 2-3 ml/min

Normal resting salivary flow represents baseline secretion when not stimulated, while stimulated flow reflects the rapid increase that occurs with activities like chewing or tasting. In healthy adults, resting saliva is typically about 0.3–0.5 mL per minute. When stimulated, flow rises to roughly 1–2 mL per minute, sometimes reaching higher values depending on individual gland function. This increase occurs because the parasympathetic input boosts secretion from the major glands (parotid, submandibular, and sublingual) and the minor glands, supporting lubrication, buffering, and clearance during meals. So, the resting range around 0.3–0.5 mL/min and the stimulated range around 1–2 mL/min best match the typical physiology. Resting values that are clearly higher or lower, or stimulated values that aren't clearly higher than resting, don't fit normal physiology, and conversely, reversed or inconsistent ranges wouldn't reflect how saliva responds to stimulation.

10. Dental sealants are typically made of what material?

A. Glass ionomer

B. Resin-based composite

C. Metal alloy

D. Porcelain

Sealants must stay bonded to enamel, seal deep pits and fissures, and withstand occlusal wear in the mouth. Resin-based composites fit this role best because, after enamel etching, they flow into the grooves and form a strong micromechanical bond when cured, providing durable, low-solubility sealing. Although glass ionomer sealants release fluoride and bond to tooth structure, they are less resistant to wear and dissolution in posterior fissures, making them less durable long-term for sealants. Metal alloys and porcelain are not used as sealants on vulnerable pits and fissures; they're designed for restorations like crowns and veneers. Hence, the typical material for dental sealants is a resin-based composite.

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://cariologyandprevention2.examzify.com

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