

CDCA OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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 a defining characteristic of nicotinic stomatitis?**
 - A. Painful sores in the mouth
 - B. White patches due to irritation
 - C. Fungal infection in the oral cavity
 - D. Red and swollen gums
- 2. If a patient experiences pain after endodontic treatment on #9, what should be the next step?**
 - A. Refer for extraction
 - B. Perform endodontic treatment on #8
 - C. Monitor without additional treatment
 - D. Prescribe antibiotics
- 3. What type of treatment is typically not required for periapical cemental dysplasia?**
 - A. None
 - B. Extraction
 - C. Endodontic therapy
 - D. Restoration
- 4. If a patient's glucose level is significantly elevated at 360 mg/dL, what is the recommended initial action?**
 - A. Start immediate treatment
 - B. Get a medical consult first
 - C. Perform an insulin injection
 - D. Monitor glucose levels
- 5. What type of tooth positioning can lead to periodontal concerns, particularly in relation to the anterior maxillary teeth?**
 - A. Protruded teeth
 - B. Retracted teeth
 - C. Class III malocclusion
 - D. Midline discrepancy

- 6. After scaling and root planing (ScRP), what type of healing is expected in terms of the periodontal tissue?**
- A. Granulation tissue healing
 - B. Bone regeneration
 - C. Long junctional epithelium
 - D. Connective tissue healing
- 7. What is the primary action of a lingual appliance on mandibular teeth?**
- A. Tipping lingually
 - B. Tipping labially
 - C. Rotating occlusally
 - D. Aligning mesially
- 8. What is the immediate action to take after determining a patient is unconscious and unresponsive?**
- A. Call 911
 - B. Check breathing
 - C. Start chest compressions
 - D. Ensure the patient is comfortable
- 9. When should gross interferences in an immediate complete denture be adjusted?**
- A. At the patient's next visit
 - B. As soon as possible
 - C. After the healing period
 - D. During routine check-ups
- 10. If surgical removal of tori is performed, what should not be done with the denture?**
- A. Denture should not fit tightly against tori
 - B. Denture length should exceed the tori
 - C. Denture should not be used until tori heal
 - D. Denture must be made before surgery

Answers

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

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Explanations

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1. What is a defining characteristic of nicotinic stomatitis?

- A. Painful sores in the mouth
- B. White patches due to irritation**
- C. Fungal infection in the oral cavity
- D. Red and swollen gums

Nicotinic stomatitis, commonly observed in individuals who use tobacco products, especially pipe smokers, is characterized by the presence of white patches in the oral mucosa. These white patches develop due to chronic irritation from heat and smoke exposure, leading to keratinization of the mucosal tissues. This process results in a distinct appearance that sets it apart from other oral conditions. The inflammation and irritation caused by tobacco use do not typically present with painful sores or fungal infections, nor do they primarily affect the gums in a way that would lead to significant swelling or discoloration. Therefore, the defining symptom of nicotinic stomatitis is indeed the presence of these white patches, which serve as a physical indicator of the condition's progression linked to tobacco use.

2. If a patient experiences pain after endodontic treatment on #9, what should be the next step?

- A. Refer for extraction
- B. Perform endodontic treatment on #8**
- C. Monitor without additional treatment
- D. Prescribe antibiotics

In the scenario where a patient experiences pain following endodontic treatment on tooth #9, the most appropriate next step is to consider the status of the adjacent tooth, #8. The rationale for performing endodontic treatment on #8 stems from the possibility that the pain may be originating from this neighboring tooth rather than #9 itself. Endodontic procedures can sometimes inadvertently affect adjacent teeth, either due to proximity or shared nerve pathways. Therefore, a thorough examination of #8 is necessary to determine if it is contributing to the patient's discomfort. If #8 shows signs of pulpal involvement or other pathologies, addressing it can resolve the pain the patient is experiencing. This approach aligns with standard clinical practices, where the source of pain needs to be accurately identified and treated. By assessing and treating #8, the clinician may alleviate the patient's symptoms effectively, providing a more comprehensive treatment plan for their dental health. Monitoring without additional treatment could potentially prolong the patient's suffering if the pain is indeed caused by an issue with #8. Prescribing antibiotics may be warranted if there's a suspected infection, but it would not address underlying pulpal issues directly. Referral for extraction typically is a last-resort option and would not be appropriate without first considering less invasive treatment

3. What type of treatment is typically not required for periapical cemental dysplasia?

- A. None**
- B. Extraction
- C. Endodontic therapy
- D. Restoration

Periapical cemental dysplasia is a benign condition characterized by the replacement of normal bone with fibrous tissue and cementum-like material at the apex of the tooth roots. It often presents as radiolucent or mixed radiolucent-radiopaque lesions on dental radiographs, typically seen in the anterior mandible. In most cases, this condition is asymptomatic and does not require any form of treatment. The lesions are often discovered incidentally during routine dental examinations. Because periapical cemental dysplasia does not lead to infections or significant complications that would necessitate intervention, the best approach is often clinical observation. Additionally, aggressive treatments such as extraction, endodontic therapy, or restorative procedures are not indicated unless there are specific issues such as pain, infection, or other complications that may arise from a separate dental condition. Therefore, monitoring the condition without immediate treatment is typically sufficient, aligning with the understanding that no treatment (option A) is generally required for this benign entity.

4. If a patient's glucose level is significantly elevated at 360 mg/dL, what is the recommended initial action?

- A. Start immediate treatment
- B. Get a medical consult first**
- C. Perform an insulin injection
- D. Monitor glucose levels

In a situation where a patient presents with a significantly elevated glucose level of 360 mg/dL, the best initial action is to seek a medical consult first. This is crucial because such a high glucose level may indicate a state of hyperglycemia, which can lead to serious complications such as diabetic ketoacidosis or hyperglycemic hyperosmolar state. These conditions require a comprehensive evaluation that typically includes a detailed medical history, assessment of the patient's overall stability, and possibly a review of their current medications and underlying health conditions. By consulting with a healthcare provider or specialist, it ensures that the patient receives appropriate management tailored to their specific situation, which might include more advanced interventions beyond just monitoring or starting treatment on the spot. The other potential actions like initiating an insulin injection or starting immediate treatment may not be the best course of action without a full understanding of the patient's clinical status and history. Monitoring glucose levels, while important, does not address the immediate concern of high glucose and would not suffice as a first action. Seeking consultation helps establish a safe and effective treatment plan.

5. What type of tooth positioning can lead to periodontal concerns, particularly in relation to the anterior maxillary teeth?

- A. Protruded teeth**
- B. Retracted teeth
- C. Class III malocclusion
- D. Midline discrepancy

Protruded teeth can lead to periodontal concerns for several reasons, particularly concerning the anterior maxillary teeth. When teeth are protruded, they are more susceptible to trauma and can experience greater forces during occlusion, which may increase the risk of periodontal issues. The positioning can also make proper oral hygiene more difficult, as it may create areas that are harder to clean effectively. Additionally, when the anterior teeth are positioned too far forward, they can cause an imbalance in the bite, leading to localized pressure on the supporting structures. This situation can contribute to inflammation of the gums, pocket formation, and ultimately periodontal disease if not managed properly. Protrusion also may result in aesthetic concerns, which can further impact a patient's willingness to maintain oral hygiene habits. While each of the other options presents its own potential issues, they do not have the same direct connection to the specific periodontal concerns associated with protruded teeth. For instance, retracted teeth can also present challenges, but they generally do not create the same immediate risk for periodontal health in terms of accessibility for cleaning and the additional forces exerted on them. Class III malocclusion and midline discrepancies may lead to other functional and aesthetic issues but are not as closely associated with the direct periodontal implications seen

6. After scaling and root planing (ScRP), what type of healing is expected in terms of the periodontal tissue?

- A. Granulation tissue healing
- B. Bone regeneration
- C. Long junctional epithelium**
- D. Connective tissue healing

After scaling and root planing (ScRP), the anticipated healing response in the periodontal tissue primarily involves the formation of a long junctional epithelium. This type of healing is characterized by the regeneration of the epithelial attachment at the tooth surface, which plays a critical role in the repair and reestablishment of the periodontium after periodontal therapy. The long junctional epithelium acts as a barrier between the periodontal tissues and the oral environment, providing a means for maintaining periodontal health. It does not restore lost connective tissue or bone directly but serves an important function in stabilizing the tooth and preventing the re-formation of periodontal pockets. This healing response typically occurs within a few weeks following ScRP as the tissues begin to recover from inflammation and heal. In contrast, granulation tissue healing, while part of the broader wound healing process, does not represent the end result expected after ScRP, as it is more transient and primarily indicative of ongoing inflammation rather than a successful repair. Bone regeneration, while a potential outcome in more advanced therapies or healing events, isn't specifically associated with the immediate aftermath of scaling and root planing. Similarly, while connective tissue healing is essential for overall periodontal recovery, it is not the primary type of healing that follows

7. What is the primary action of a lingual appliance on mandibular teeth?

- A. Tipping lingually
- B. Tipping labially**
- C. Rotating occlusally
- D. Aligning mesially

The primary action of a lingual appliance on mandibular teeth is tipping labially. This occurs because the forces generated by the appliance tend to push the teeth towards the labial (lip) side of the dental arch. When a lingual appliance is placed on the tongue side of the teeth, it creates a force that can cause the crowns of the teeth to incline towards the labial aspect while the roots may be more stable and less affected by the tipping action. This mechanism is crucial for moving teeth into the desired position for orthodontic treatment. By knowing that the appliance exerts force from the lingual side, it becomes clear that the intended movement of the teeth will generally be towards the lip, helping to achieve proper alignment and occlusion. In orthodontics, understanding how different appliances affect tooth movements is essential for planning effective treatment strategies.

8. What is the immediate action to take after determining a patient is unconscious and unresponsive?

- A. Call 911
- B. Check breathing**
- C. Start chest compressions
- D. Ensure the patient is comfortable

After recognizing that a patient is unconscious and unresponsive, the most critical immediate action is to assess their breathing. This step is vital to determine whether the patient requires resuscitation efforts such as chest compressions or rescue breaths. Checking breathing is essential because it provides information on the patient's airway status and whether there is a need to initiate the chain of survival protocols, which prioritize lifesaving interventions. Establishing whether the person is breathing normally allows healthcare providers to decide on the next steps effectively. If the patient is not breathing or only gasping, then starting chest compressions becomes necessary. Therefore, assessing the patient's breathing first guides the subsequent actions, particularly in emergencies where timely interventions can significantly impact outcomes. In contrast, while calling 911 or emergency services is crucial, it typically follows the immediate assessment tasks that can be accomplished by the rescuer. Ensuring the patient is comfortable is not appropriate in a critical situation where responsiveness and breathing are compromised.

9. When should gross interferences in an immediate complete denture be adjusted?

- A. At the patient's next visit
- B. As soon as possible**
- C. After the healing period
- D. During routine check-ups

Adjusting gross interferences in an immediate complete denture should occur as soon as possible to ensure the patient's comfort and functionality. Immediate complete dentures are placed right after the extraction of remaining natural teeth. Because the soft tissues and underlying bone undergo changes during the healing process, any significant adjustments or corrections needed to enhance the fit and function of the denture should be made promptly. Addressing these interferences quickly can help prevent complications such as sore spots, discomfort, or issues with chewing and speaking, which may arise if the denture does not fit well initially. Additionally, early adjustments facilitate better healing of the soft tissue because they can minimize the friction and pressure caused by an ill-fitting denture. This proactive approach ultimately supports the patient's adaptation to the new denture and contributes to their overall oral health and satisfaction.

10. If surgical removal of tori is performed, what should not be done with the denture?

- A. Denture should not fit tightly against tori**
- B. Denture length should exceed the tori
- C. Denture should not be used until tori heal
- D. Denture must be made before surgery

When surgical removal of tori is performed, the denture should not fit tightly against the area where the tori were removed due to the potential for discomfort and irritation in the healing tissues. Tori are bony growths that can create irregularities in the oral environment. After their removal, the surgical site may be sensitive and susceptible to trauma if pressed against a denture that fits too tightly. Allowing for proper healing without undue pressure is crucial to foster optimal recovery. A loose-fitting denture can help in this regard, allowing for the tissues to heal properly without causing pain or complications. Additionally, as the tissue heals post-surgery, the shape and support of the underlying bone may change, necessitating adjustments or relines of the denture to ensure comfort and functionality. The other options are important considerations in the context but are not the primary focus regarding what should not be done with the denture immediately after torus removal. The length of the denture may be specific to ensuring it properly accommodates the ridge but should balance with the healing process. Not using a denture until healing is complete is a valid consideration to prevent irritation, but the focus should be on ensuring the proper fit as the tissues heal. Making a denture before surgery is

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://cdcaosce.examzify.com>

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

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