Dental Nursing Apprenticeship Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.



Questions



- 1. During a medical emergency, how should you position a patient in shock?
 - A. Sitting upright
 - B. Supine with legs elevated
 - C. On their side
 - D. In a fetal position
- 2. What is the primary function of dental scales during cleaning?
 - A. To polish teeth
 - B. To remove plaque and calculus
 - C. To whiten enamel
 - D. To sedate the patient
- 3. What is the primary function of the vena cava?
 - A. Deliver oxygenated blood to the organs
 - B. Return de-oxygenated blood to the heart
 - C. Regulate blood pressure
 - D. Filter impurities from the blood
- 4. What is the characteristic of a cellulose matrix band?
 - A. It is used for posterior restorations
 - B. It is made of metal
 - C. It is clear for light-curing composite
 - D. It is only used in pediatric dentistry
- 5. Where is the coronal pulp located in a tooth?
 - A. Root
 - B. Crown
 - C. Neck
 - D. Dentin area
- 6. What role does an abutment play in dentistry?
 - A. It helps to anchor a bridge or denture
 - B. It is a type of dental implant
 - C. It refers to tooth decay
 - D. It is used for teeth whitening

- 7. What does Gillick competency refer to?
 - A. Consent given by parents for medical treatment
 - B. Cognitive ability of a patient over 16
 - C. Ability of a minor to consent to medical treatment
 - D. Legal age of consent in medical situations
- 8. Where does the temporalis muscle insert?
 - A. Outer surface of the ramus
 - **B.** Coronoid process
 - C. Neck of the mandible
 - D. Angle of the mandible
- 9. What are bone rongeurs primarily used for during major oral surgeries (MOS)?
 - A. To suture gum tissue
 - B. To remove sharp bone spicules
 - C. To extract teeth
 - D. To place implants
- 10. How would you describe a vertically impacted third molar tooth?
 - A. Tilted forward into the alveolar ridge
 - B. Tilted backwards into the ramus of the mandible
 - C. Horizontally positioned within the jaw
 - D. Fully erupted in normal position

Answers



- 1. B 2. B
- 3. B

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



Explanations



1. During a medical emergency, how should you position a patient in shock?

- A. Sitting upright
- **B.** Supine with legs elevated
- C. On their side
- D. In a fetal position

Positioning a patient in shock is crucial for ensuring proper blood flow and stability during a medical emergency. The correct position is supine with legs elevated. This positioning helps to improve venous return to the heart, enhancing circulation and helping to stabilize the patient's condition. By elevating the legs, gravity assists in directing more blood toward the upper body and vital organs, which is essential for someone who is experiencing shock. In contrast, sitting upright can hinder blood flow to the heart, and it may also exacerbate feelings of dizziness or faintness in a patient who is already compromised. Positioning the patient on their side or in a fetal position does not provide the optimal support for maintaining blood circulation related to shock either, as these positions can restrict effective venous return and compromise respiratory function. Thus, the supine position with the legs elevated is the best practice for managing a patient experiencing shock.

2. What is the primary function of dental scales during cleaning?

- A. To polish teeth
- B. To remove plague and calculus
- C. To whiten enamel
- D. To sedate the patient

The primary function of dental scales during cleaning is to remove plaque and calculus from the surfaces of the teeth. Dental scaling is a crucial part of dental hygiene and helps in preventing and treating periodontal disease. The process involves using specialized instruments to effectively scrape away the hardened plaque (calculus) that forms on the teeth when plaque is not adequately removed through regular brushing and flossing. Scaling targets these deposits, which can accumulate below the gum line and contribute to gum inflammation and other oral health issues. By thoroughly cleaning these areas, dental scales help maintain gum health and reduce the risk of cavities and gum disease. The instruments used for scaling are specifically designed to reach different areas of the mouth and effectively remove these hard deposits without damaging the enamel or surrounding gum tissue.

3. What is the primary function of the vena cava?

- A. Deliver oxygenated blood to the organs
- B. Return de-oxygenated blood to the heart
- C. Regulate blood pressure
- D. Filter impurities from the blood

The primary function of the vena cava is to return de-oxygenated blood to the heart. The vena cava consists of two major veins: the superior vena cava, which carries blood from the upper body, and the inferior vena cava, which carries blood from the lower body. This de-oxygenated blood is then channeled back to the heart, particularly to the right atrium, where it will be sent to the lungs for re-oxygenation before it is pumped out to the rest of the body. Understanding this function is crucial in the context of the circulatory system, as the veins play an essential role in maintaining blood circulation by ensuring that blood returning from various organs and tissues is directed back to the heart for replenishment with oxygen. This continuous cycle facilitates effective nutrient delivery and waste removal from the body's tissues. The other options pertain to different aspects of the circulatory system or body processes but do not accurately describe the main role of the vena cava.

4. What is the characteristic of a cellulose matrix band?

- A. It is used for posterior restorations
- B. It is made of metal
- C. It is clear for light-curing composite
- D. It is only used in pediatric dentistry

A cellulose matrix band is specifically designed to be clear, allowing light to pass through for light-curing composite materials. This property is essential when placing composite resin materials that require curing with a dental curing light. The transparency of the cellulose matrix band enables the clinician to ensure that the light adequately penetrates to polymerize the material effectively, achieving a strong and durable restoration. In comparison, while matrix bands may be used in various dental procedures, the unique feature that distinguishes the cellulose matrix band is its clarity. Other types of matrix bands, like metal ones, may not facilitate light curing as efficiently due to their opaque nature. Additionally, while cellulose matrix bands can be used in different dental contexts, they are not restricted to pediatric dentistry alone; they find utility across a wide range of restorative procedures.

5. Where is the coronal pulp located in a tooth?

- A. Root
- **B.** Crown
- C. Neck
- D. Dentin area

The coronal pulp is located in the crown of the tooth. This area houses the pulp chamber, which contains the nerve endings and blood vessels that are crucial for the tooth's vitality. The crown is the visible part of the tooth above the gum line and is predominantly made of enamel surrounding the dentin. Within this crown, the coronal pulp is protected by the enamel on the outside and plays an essential role in dentin formation and health. The other areas mentioned do not contain the coronal pulp. The root is the part of the tooth that is embedded in the jawbone and contains the root pulp, which is not referred to as coronal. The neck of the tooth is the area between the crown and the root but does not have a distinct pulpal component like the coronal pulp. Lastly, while dentin does surround the pulp chamber, it is not the location of the coronal pulp itself; instead, the coronal pulp is specifically within the dental crown area.

6. What role does an abutment play in dentistry?

- A. It helps to anchor a bridge or denture
- B. It is a type of dental implant
- C. It refers to tooth decay
- D. It is used for teeth whitening

An abutment serves a crucial function in dentistry as it acts as a support structure for dental appliances such as bridges and dentures. Specifically, when a dental bridge is created to replace one or more missing teeth, the abutments are the teeth that are adjacent to the gaps being filled. These abutment teeth are prepared and may be modified to hold the bridge securely in place, effectively anchoring it. In the context of dental implants, an abutment is also an important component that connects the implant to the replacement tooth or crown, providing stability and ensuring that the restorative work is securely attached and functioning properly. The other choices represent concepts that do not accurately describe the role of an abutment. A dental implant refers specifically to the titanium post that serves as a replacement root, and tooth decay is a condition that affects the health of the teeth, while teeth whitening pertains to cosmetic procedures to lighten tooth color. Each of these highlights a different aspect of dental care but does not relate to the supportive role that an abutment plays in anchoring prosthetic devices.

7. What does Gillick competency refer to?

- A. Consent given by parents for medical treatment
- B. Cognitive ability of a patient over 16
- C. Ability of a minor to consent to medical treatment
- D. Legal age of consent in medical situations

Gillick competency is a crucial concept in healthcare concerning minors and their ability to consent to medical treatment. It refers specifically to the ability of a minor, typically under the age of 16, to make informed decisions about their medical care without the need for parental consent. This principle recognizes that certain minors may possess the maturity and understanding necessary to comprehend the implications of their medical treatment, thus empowering them to consent independently. This competency assesses a minor's cognitive and emotional understanding of the treatment proposed, allowing healthcare providers to respect the autonomy of capable young individuals. The key aspect of Gillick competency is that it focuses on the individual's level of maturity rather than their age alone, which marks a significant development in the approach to consent and minors in healthcare. In contexts where young patients exhibit sufficient understanding to make informed choices about their health, the principle emphasizes their rights and acknowledges that competent minors can engage in medical decisions that best serve their interests. This is particularly pertinent in scenarios related to sensitive health issues, such as sexual health and mental health, where the minor may feel more comfortable discussing matters without parental involvement.

8. Where does the temporalis muscle insert?

- A. Outer surface of the ramus
- **B.** Coronoid process
- C. Neck of the mandible
- D. Angle of the mandible

The temporalis muscle inserts at the coronoid process of the mandible, which is a flattened, triangular projection located on the superior part of the mandible. This muscle plays a crucial role in the movement of the jaw, specifically in elevating and retracting the mandible during chewing. The insertion at the coronoid process allows the temporalis muscle to exert force effectively when it contracts, helping in the powerful occlusion of the teeth. The coronoid process serves as a leverage point for the muscle, facilitating efficient jaw movements necessary for mastication. Understanding this anatomy is essential in dental nursing, as it relates to functions, jaw alignment, and potential dental conditions that may arise from muscle dysfunction or imbalance.

9. What are bone rongeurs primarily used for during major oral surgeries (MOS)?

- A. To suture gum tissue
- B. To remove sharp bone spicules
- C. To extract teeth
- D. To place implants

Bone rongeurs are specialized surgical instruments that play a crucial role in oral surgeries, particularly during procedures that involve bone manipulation and reconstruction. Their primary function is to remove sharp bone spicules, which are fragments or splinters of bone that can pose a risk for injury or infection post-surgery. By effectively removing these sharp edges, rongeurs help ensure a smoother healing process and reduce discomfort for the patient. The other options involve different surgical procedures: suturing gum tissue is typically handled with sutures and needles, extracting teeth commonly requires forceps or elevators, and placing implants involves drills and implant systems rather than rongeurs. Each of these tasks requires tools specifically designed for those actions, highlighting the particularity of the bone rongeurs' function in oral surgery.

10. How would you describe a vertically impacted third molar tooth?

- A. Tilted forward into the alveolar ridge
- B. Tilted backwards into the ramus of the mandible
- C. Horizontally positioned within the jaw
- D. Fully erupted in normal position

A vertically impacted third molar tooth is primarily characterized by its positioning within the jaw. In this case, a vertically impacted third molar is typically positioned straight up and down but may be impacted due to insufficient space to emerge into the dental arch. When describing it as tilted backwards into the ramus of the mandible, it correctly captures the common scenario where this type of impaction occurs, often causing pain, overcrowding, and other dental issues. This positioning can lead to challenges such as the tooth being unable to reach its intended location within the dental arch, potentially necessitating surgical intervention for removal. The implications of such an orientation can result in both orthodontic concerns and increased risk of infection due to the difficulty in maintaining oral hygiene around the impacted area. The other options refer to different types of impactions or healthy positioning, which do not align with the specific description of a vertically impacted third molar tooth. For instance, a fully erupted tooth does not fit the definition of an impacted tooth at all, while the tilted and horizontally positioned descriptions pertain to alternative impact scenarios rather than the vertical orientation.