

DIAGNOSTIC SKILLS EXAM (DSE) OBJECTIVE STRUCTURED CLINICAL EXAM (OSCE) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 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 accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Which drug is known for potentially causing gingival hyperplasia leading to increased pocket depth?**
 - A. Nifedipine
 - B. Propranolol
 - C. Lisinopril
 - D. Metoprolol
- 2. Which treatment is recommended following scaling and root planing (SRP) if there's mobility?**
 - A. Appliance therapy
 - B. Regular follow-ups
 - C. Immediate endodontic therapy
 - D. Implant placement
- 3. Which of the following is a sign of potential anaerobic infection in a dental patient?**
 - A. Excessive bleeding
 - B. Presence of a foul odor
 - C. Inflamed gums without pain
 - D. Localized pain in jaw
- 4. What therapeutic effect do "-statins" provide?**
 - A. Lower blood pressure
 - B. Reduce cholesterol levels
 - C. Increase heart rate
 - D. Alleviate pain
- 5. What diagnostic feature is associated with a tooth undergoing acute irreversible pulpitis?**
 - A. Numbness in surrounding tissues
 - B. Negative percussion test
 - C. Response to cold lasting longer than normal
 - D. Gradual onset of swelling

- 6. What advantage do periodontal dressings provide after flap surgery?**
- A. Minimize plaque accumulation
 - B. Promote wound healing
 - C. Enhance esthetics
 - D. Strengthen tissue
- 7. What typical treatment is indicated for a chronic apical abscess?**
- A. Immediate extraction
 - B. Pulp capping
 - C. Endodontic treatment
 - D. Antibiotic monitoring only
- 8. Which condition is NOT commonly associated with loss of lamina dura?**
- A. Paget's disease
 - B. Hyperparathyroidism
 - C. Osteomalacia
 - D. Dental caries
- 9. Before relining a complete denture, what must first be established?**
- A. Anterior guidance
 - B. Maximum intercuspation position
 - C. Posterior occlusion
 - D. Centrifugal relation
- 10. Which medication can be used as an adjunct for patients with chronic pain and depression?**
- A. Duloxetine (Cymbalta)
 - B. Fluoxetine (Prozac)
 - C. Paroxetine (Paxil)
 - D. Bupropion (Wellbutrin)

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which drug is known for potentially causing gingival hyperplasia leading to increased pocket depth?

- A. Nifedipine**
- B. Propranolol
- C. Lisinopril
- D. Metoprolol

Nifedipine is known for its potential side effect of causing gingival hyperplasia, which is the overgrowth of gum tissue. This condition can lead to increased pocket depth around the teeth, contributing to periodontal issues. Gingival hyperplasia associated with nifedipine typically occurs due to its action as a calcium channel blocker, which can influence the proliferation of gingival fibroblasts and affect the normal turnover of gum tissue. This side effect is particularly significant in patients who are on long-term treatment with nifedipine for hypertension or angina. The increased pocket depth resulting from the overgrowth of the gums can create a greater risk for periodontal disease, as well as complications in oral hygiene practices. Other medications listed, such as propranolol, lisinopril, and metoprolol, do not typically exhibit the same degree of association with gingival hyperplasia and increased depth of periodontal pockets, making nifedipine the most relevant choice in this context. Understanding the side effects of medications is crucial for managing patient care effectively.

2. Which treatment is recommended following scaling and root planing (SRP) if there's mobility?

- A. Appliance therapy
- B. Regular follow-ups**
- C. Immediate endodontic therapy
- D. Implant placement

Following scaling and root planing (SRP), if there is evidence of tooth mobility, regular follow-ups are crucial to monitor the healing process and assess the response to treatment. Regular follow-up appointments allow for evaluation of the periodontal condition, the stability of the teeth, and any changes in mobility. This ongoing assessment can help determine if further intervention is needed, such as supplemental therapies or possible surgical interventions, to enhance the periodontal health and tooth stability. The other options, while sometimes relevant in their own contexts, do not directly address the immediate post-SRP care for mobility. Appliance therapy could be useful for certain orthodontic needs, but it does not focus on monitoring or managing periodontal health post-treatment. Immediate endodontic therapy might be necessary in cases of pulpal involvement, but it is not the first step in managing mobility that arises from periodontal issues. Implant placement would be considered only if the tooth is beyond saving and not feasible until the periodontal condition is properly managed through follow-ups and other interventions.

3. Which of the following is a sign of potential anaerobic infection in a dental patient?

- A. Excessive bleeding
- B. Presence of a foul odor**
- C. Inflamed gums without pain
- D. Localized pain in jaw

The presence of a foul odor is a significant indicator of a potential anaerobic infection, particularly in a dental context. Anaerobic bacteria thrive in environments with low oxygen levels, typical of certain types of oral infections. These bacteria often produce volatile sulfur compounds and other byproducts during their metabolic processes, which can lead to a characteristic foul smell. In dental patients, this odor can arise from necrotic tissue, periodontal disease, or abscess formation where anaerobic bacteria are prevalent. Identifying this odor during a clinical examination can alert the clinician to the possibility of an underlying anaerobic infection that may require specific antimicrobial treatment or intervention. While excessive bleeding, inflamed gums without pain, and localized pain in the jaw are important clinical findings, they do not specifically indicate anaerobic infections. Excessive bleeding might suggest trauma or a bleeding disorder, inflamed gums without pain could be indicative of gingivitis or other non-specific conditions, and localized pain in the jaw can be associated with a wide range of dental issues, including but not limited to infections. However, the specific association of foul odor with anaerobic bacterial activity makes it the most relevant indicator in this scenario.

4. What therapeutic effect do "-statins" provide?

- A. Lower blood pressure
- B. Reduce cholesterol levels**
- C. Increase heart rate
- D. Alleviate pain

"-Statins" are a class of medications primarily used to lower cholesterol levels in the blood. They work by inhibiting the enzyme HMG-CoA reductase, which plays a central role in the biosynthesis of cholesterol in the liver. By reducing the production of cholesterol, statins help decrease the levels of low-density lipoprotein (LDL) cholesterol, commonly referred to as 'bad' cholesterol. This reduction is important because high cholesterol levels are associated with an increased risk of cardiovascular disease, including heart attacks and strokes. Statins may also have additional benefits, such as stabilizing plaques in blood vessels and reducing inflammation, but their main therapeutic effect is the lowering of cholesterol levels. The other options do not reflect the primary use of statins. Lowering blood pressure is typically achieved through other classes of medications, such as ACE inhibitors or beta-blockers. Increasing heart rate is not a goal of statin therapy; in fact, statins are more likely to help reduce cardiovascular risk rather than alter heart rate significantly. Alleviating pain is unrelated to the primary function of statins, as they are not analgesics and do not address pain relief.

5. What diagnostic feature is associated with a tooth undergoing acute irreversible pulpitis?

- A. Numbness in surrounding tissues
- B. Negative percussion test
- C. Response to cold lasting longer than normal**
- D. Gradual onset of swelling

The characteristic feature associated with acute irreversible pulpitis is a response to cold stimulus that lasts longer than normal. In this condition, the pulp tissue is inflamed and unable to resolve the irritation, leading to heightened sensitivity. When cold is applied, a person with irreversible pulpitis will often experience intense pain that lingers after the cold stimulus is removed, indicating that the condition has progressed beyond reversible pulpitis. This prolonged pain is a key diagnostic sign, as it differentiates irreversible pulpitis from other dental conditions where the pain response may be shorter or less severe. Other options would not present the same way. For example, numbness in surrounding tissues could suggest nerve involvement or another dental pathology, but isn't specifically indicative of pulpitis. A negative percussion test would typically indicate no inflammation or infection in the surrounding periodontium, which is not consistent with acute pulpitis, where percussion sensitivity is often present. Gradual onset of swelling could be seen in various dental issues, but in acute irreversible pulpitis, the response to cold is more definitive for diagnosis.

6. What advantage do periodontal dressings provide after flap surgery?

- A. Minimize plaque accumulation
- B. Promote wound healing**
- C. Enhance esthetics
- D. Strengthen tissue

The selection of promoting wound healing as the advantage of periodontal dressings after flap surgery is accurate because these dressings serve to protect the surgical site from external irritants and trauma, facilitating a conducive environment for healing. By covering the flap, they decrease the likelihood of food debris, bacteria, and physical disturbances, all of which can impede the healing process. While periodontal dressings may play a role in some aspects of plaque control and tissue support, their primary function is to ensure that the wound heals properly by acting as a barrier that enhances healing responses. They provide a moist environment that has been shown to be beneficial for tissue regeneration and recovery, thereby stabilizing the flap and allowing for proper tissue adaptation. The other options, while they may seem related, do not capture the primary role of periodontal dressings as effectively as promoting wound healing does. For instance, while they might help somewhat in minimizing plaque accumulation, that is not their main purpose. Similarly, enhancing esthetics and strengthening tissue are secondary benefits rather than the primary reason for using these dressings in flap surgery context.

7. What typical treatment is indicated for a chronic apical abscess?

- A. Immediate extraction
- B. Pulp capping
- C. Endodontic treatment**
- D. Antibiotic monitoring only

In the case of a chronic apical abscess, the primary goal of treatment is to address the underlying infection associated with the tooth's pulp. Endodontic treatment, commonly known as root canal therapy, is indicated in these situations because it targets the infected pulp and surrounding periapical tissues. This procedure involves removing the necrotic pulp, cleaning and disinfecting the root canal system, and sealing it to prevent further infection. Over time, endodontic treatment can facilitate the healing of the periapical tissues, resolving symptoms associated with the chronic abscess. This is crucial because leaving the infection untreated may lead to complications such as systemic infection or the formation of a larger abscess. While options like immediate extraction or pulp capping can be considered in specific contexts, they do not directly address the chronic nature of an apical abscess. Extraction may remove the problematic tooth but does nothing to treat the underlying infection. Pulp capping is generally more suitable for cases of pulp exposure or irreversible pulpitis rather than established chronic infections. Antibiotic monitoring alone is insufficient, as it does not resolve the infection and is typically only part of a more comprehensive treatment plan that may include endodontic intervention.

8. Which condition is NOT commonly associated with loss of lamina dura?

- A. Paget's disease
- B. Hyperparathyroidism
- C. Osteomalacia
- D. Dental caries**

Loss of the lamina dura is a radiographic finding that can indicate various underlying conditions affecting the bone, particularly around the teeth. Dental caries primarily result in localized destruction of tooth structure and can lead to the loss of the tooth itself if left untreated, but they do not directly cause changes in the lamina dura. In contrast, the other conditions listed are associated with systemic changes in bone metabolism. Paget's disease leads to abnormal bone remodeling, which can result in changes to the lamina dura. Hyperparathyroidism causes increased osteoclastic activity, leading to bone resorption and potential loss of the lamina dura. Osteomalacia involves impaired bone mineralization, which can also affect the integrity of the lamina dura. Thus, dental caries stands out as it does not usually influence the lamina dura, making it the correct choice for this question.

9. Before relining a complete denture, what must first be established?

- A. Anterior guidance
- B. Maximum intercuspation position
- C. Posterior occlusion**
- D. Centrifugal relation

Before relining a complete denture, it is essential to establish posterior occlusion. This involves ensuring that the occlusal surfaces of the posterior teeth are in correct contact when the patient closes their mouth, allowing for proper function and comfort. Proper posterior occlusion ensures that any adjustments made during the relining process will maintain an appropriate bite relationship, which is crucial for chewing efficiency, speech, and overall patient satisfaction with the denture. When posterior occlusion is correctly established, it sets a solid foundation for any modifications that will be made to the denture's fit and function. If this aspect is overlooked, it can lead to discomfort, altered occlusal relationships, and may require further adjustments post-reline. Establishing anterior guidance or maximum intercuspation position may be important in broader considerations of denture design and function, while centrifugal relation typically pertains to dental movements not directly involved in the immediate needs of denture relining. These factors are secondary and come after ensuring that the posterior occlusion is adequately addressed, making it the primary focus before proceeding with relining.

10. Which medication can be used as an adjunct for patients with chronic pain and depression?

- A. Duloxetine (Cymbalta)**
- B. Fluoxetine (Prozac)
- C. Paroxetine (Paxil)
- D. Bupropion (Wellbutrin)

Duloxetine, commonly known as Cymbalta, is frequently used as an adjunct treatment for patients dealing with both chronic pain and depression. This medication is classified as a serotonin-norepinephrine reuptake inhibitor (SNRI) and is particularly effective in managing symptoms of major depressive disorder as well as certain kinds of chronic pain, such as fibromyalgia or neuropathic pain. The dual mechanism of action of Duloxetine makes it particularly suitable for these patients, as it not only helps alleviate depressive symptoms but also addresses pain perception in the central nervous system. By enhancing the levels of both serotonin and norepinephrine, Duloxetine can improve mood and reduce the experience of pain simultaneously. This characteristic can significantly enhance the quality of life for patients suffering from both conditions. In contrast, while the other medications listed have their own clinical indications, they are not primarily recognized for their effectiveness in treating chronic pain alongside depression. Fluoxetine and Paroxetine, both selective serotonin reuptake inhibitors (SSRIs), are primarily indicated for depression and anxiety disorders but are not first-line options for chronic pain. Bupropion is an atypical antidepressant that is primarily used to treat major depressive disorder and to support smoking cessation, but it does not have the analgesic

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://dseosce.examzify.com>

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

SAMPLE