Expanded Function Dental Assistant (EFDA) Board Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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. **Are amalgam restorations designed using conventional preparations?**

   A. True

   B. False

   C. Depends on the case

   D. Not applicable

2. **What is the function of a liner in cavity preparations?**

   A. Augment strength

   B. Provide thermal insulation

   C. Improve aesthetics

   D. Enhance elasticity

3. **Which of the following is not true regarding a properly assembled matrix retainer and band for an amalgam restoration?**

   A. The narrower loop of the matrix band is gingival directed

   B. The slot openings of the retainer open gingivally

   C. The band extends 1.5 to 2.5mm gingival to the cavosurvace

   D. The band extends 0.5 to 1.5mm occlusal to the occlusal plane

4. **Your class V composite restoration is over contoured. Which would not be recommended to contour the anatomy properly?**

   A. Sandpaper disks

   B. Football bur

   C. Flame bur

   D. ET9 bur

5. **Which dental material is known for chemically bonding to dentin?**

   A. Composite resin

   B. Glass ionomer

   C. Amalgam

   D. Acrylic

6. What is the primary reason for overfill during the condensation of an amalgam?

A. A. That the amalgam carves more easily

B. B. For removal of the mercury rich outer layer of amalgam

C. C. To obtain exact contour

D. D. To obtain exact anatomy

7. What is a true statement regarding copal varnish?

A. It must be dark yellow and viscous

B. It helps prevent tooth discoloration from amalgam

C. It evaporates slowly

D. One coat is sufficient

8. Which phase of amalgam is associated with higher strength and lower corrosion?

A. Gamma phase

B. Gamma 1 phase

C. Gamma 2 phase

D. Alpha phase

9. When should a dental assistant evaluate the contacts of a restoration?

A. Before the procedure begins.

B. After the patient leaves.

C. Immediately after placement of the restoration.

D. Once every six months.

10. Which restorative material is known for its ability to release fluoride over time?

A. Amalgam

B. Glass ionomer

C. Conventional composite

D. Micro-filled composite

Answers

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

Explanations

1. Are amalgam restorations designed using conventional preparations?

A. True

B. False

C. Depends on the case

D. Not applicable

Amalgam restorations are designed using conventional preparations, meaning they utilize specific geometric shapes to enhance the retention and resistance of the filling material within the tooth. Conventional preparations for amalgam involve creating a cavity design that facilitates the amalgam's properties, allowing it to bond effectively to the tooth structure. This approach has been a standard in restorative dentistry due to the robustness of amalgam, which can withstand significant forces from chewing and grinding. The design techniques used in conventional preparations, including the outline form, depth, and divergence of cavity walls, are all geared towards maximizing the performance and longevity of amalgam restorations. Properly executed, this results in a restoration that not only restores function but also protects the tooth from further decay or fracture. In contrast, other materials may allow for different preparation techniques due to their adhesive properties or other characteristics, but the specific question regarding amalgam restorations aligns with the understanding that they are indeed designed with conventional preparations.

2. What is the function of a liner in cavity preparations?

A. Augment strength

B. Provide thermal insulation

C. Improve aesthetics

D. Enhance elasticity

The function of a liner in cavity preparations primarily revolves around providing thermal insulation to the pulp of the tooth. Liners are used in situations where the dental pulp may be at risk due to the proximity of the cavity preparation to the pulp chamber. By placing a liner, the thermal conductivity is reduced, which helps in protecting the pulp from temperature changes that may occur due to the placement of restorative materials like amalgam or composite. This is crucial in minimizing post-operative sensitivity and maintaining the health of the dental pulp. In addition to thermal insulation, liners can also offer some degree of chemical protection depending on the material used, but their primary role is centered on thermal insulation.

3. Which of the following is not true regarding a properly assembled matrix retainer and band for an amalgam restoration?

A. The narrower loop of the matrix band is gingival directed

B. The slot openings of the retainer open gingivally

C. The band extends 1.5 to 2.5mm gingival to the cavosurvace

D. The band extends 0.5 to 1.5mm occlusal to the occlusal plane

The choice stating that the band extends 1.5 to 2.5mm gingival to the cavosurface is not true regarding the proper assembly of a matrix retainer and band for an amalgam restoration. In a correctly assembled matrix band, the band should actually extend a very minimal distance below the cavosurface margin, specifically around 0.5 to 1.5mm, not 1.5 to 2.5mm. This design is crucial because it ensures an optimal seal and support for the amalgam material while allowing for proper contours in the final restoration. The alternative aspects about the assembly detail important orientations that promote correct placement. The narrower loop of the band is designed to face gingivally, allowing it to conform to the contour of the tooth and maintain a proper fit. Furthermore, the retainer's slot openings are designed to face gingivally as well, enhancing the ease of placement and adjustment during the procedure. Lastly, setting the band at the appropriate height—close to the occlusal plane, up to 1.5mm occlusal to it—is vital for the restoration's strength and function. These factors together contribute to the success and longevity of the amalgam restoration.

4. Your class V composite restoration is over contoured. Which would not be recommended to contour the anatomy properly?

A. Sandpaper disks

B. Football bur

C. Flame bur

D. ET9 bur

In the context of contouring a Class V composite restoration, the choice of instrument is crucial for achieving the desired anatomical form without causing damage to the surrounding tooth structure or the restoration itself. Using a football bur, while it can be effective for certain applications, is generally not recommended for adjusting the anatomy of an over-contoured composite restoration. The football bur typically has a broader shape and is designed for creating broader contours rather than fine adjustments. When contouring a Class V restoration, which is often located around the gingival area of a tooth, a more precise approach is needed. This precision helps in maintaining the integrity of the restoration and the adjacent tooth surfaces while ensuring that the contours mimic the natural anatomy of the tooth. In comparison, instruments like sandpaper disks, flame burs, or specialized composite finishing burs such as an ET9 bur are much more suited for this task. They allow for finer control and produce a smoother finish, minimizing the risk of over-reduction and ensuring that the contours are anatomically correct. These tools are designed to work with composite material effectively, providing a smoother surface and better anatomical features that align with the natural tooth structure. Thus, the recommendation against using a football bur in this scenario is based on the need for precision and

5. Which dental material is known for chemically bonding to dentin?

A. Composite resin

B. Glass ionomer

C. Amalgam

D. Acrylic

Glass ionomer cement is known for its unique ability to chemically bond to dentin. This property stems from the ion exchange and the chemical reaction that occurs when glass ionomer materials are placed in contact with tooth structure. Their composition, which includes glass particles and polyacrylic acid, allows for this bond to form, creating a strong interface with dentin that enhances retention and reduces microleakage. The chemical bonding provided by glass ionomer also contributes to its biocompatibility and fluoride-releasing properties, which can aid in the prevention of further carious lesions at the interface. This makes glass ionomer particularly advantageous in both restorative and preventive dental applications. Other materials listed, such as composite resin, can bond to both dentin and enamel primarily through mechanical retention and adhesive systems, rather than a true chemical bond. Amalgam is not known for bonding to dentin but relies on mechanical retention in prepped cavities. Acrylic materials, typically used for dentures and other removable prosthetics, do not form bonds with dentin. Thus, glass ionomer stands out for its specific ability to chemically bond with dentin.

6. What is the primary reason for overfill during the condensation of an amalgam?

A. A. That the amalgam carves more easily

B. B. For removal of the mercury rich outer layer of amalgam

C. C. To obtain exact contour

D. D. To obtain exact anatomy

Overfilling during the condensation of amalgam is primarily done to facilitate the removal of the mercury-rich outer layer of the amalgam. This layer can be detrimental to the mechanical properties of the final restoration because it is softer and more susceptible to wear and degradation. By overfilling the amalgam and then carving back the excess, you ensure that a denser, more durable core is exposed and shaped, which contributes to the overall integrity and longevity of the dental restoration. The process of condensation itself compacts the amalgam, and overfilling allows the operator to carve down to a desirable contour while eliminating the weaker, mercury-rich outer layer. Therefore, this technique is essential in providing a restoration that is not only functional but also durable against the forces of mastication.

7. What is a true statement regarding copal varnish?

A. It must be dark yellow and viscous

B. It helps prevent tooth discoloration from amalgam

C. It evaporates slowly

D. One coat is sufficient

The statement that copal varnish helps prevent tooth discoloration from amalgam is accurate because copal varnish acts as a barrier between the tooth structure and the amalgam restoration. When amalgam comes into contact with dental tissues, it can create a discoloring reaction, particularly in areas of the dentin. The application of copal varnish seals the tooth surface and reduces the potential for this discoloration, showcasing its protective role in dental restorations. The other options do not accurately describe the properties or functions of copal varnish. While viscosity and color may vary, there is no requirement for it to be dark yellow and viscous. Additionally, copal varnish typically evaporates quickly to allow for subsequent procedures to be done without delay. Finally, using one coat is generally not considered sufficient; multiple coats may be applied to ensure effective sealing and protection.

8. Which phase of amalgam is associated with higher strength and lower corrosion?

A. Gamma phase

B. Gamma 1 phase

C. Gamma 2 phase

D. Alpha phase

The gamma phase of amalgam, also known as the silver substance or Ag3Sn, is recognized for its superior mechanical properties. This phase is characterized by its high strength, making it one of the most durable components of dental amalgam. It contributes significantly to the overall structural integrity of the material, thereby providing good resistance to occlusal forces. Moreover, the gamma phase demonstrates lower susceptibility to corrosion compared to other phases, particularly the gamma 2 phase, which is known to be much weaker and more prone to degradation in an oral environment. The strength and corrosion resistance of the gamma phase make it an essential component in the performance and longevity of dental restorations made from amalgam. In summary, the strength and reduced corrosion associated with the gamma phase make it critical for the reliability and effectiveness of amalgam restorations in dentistry.

9. When should a dental assistant evaluate the contacts of a restoration?

A. Before the procedure begins.

B. After the patient leaves.

C. Immediately after placement of the restoration.

D. Once every six months.

Evaluating the contacts of a restoration immediately after placement is critical for ensuring the success of the dental procedure. This allows the dental assistant to check the occlusion and interproximal contacts while the materials are still fresh and before the patient leaves the office. Proper evaluation at this stage can help identify any adjustments needed to enhance patient comfort and the restoration's functionality. The contacts serve an important role in how well the restoration fits within the dental arch and interacts with adjacent teeth. If the contacts are too tight, it can lead to discomfort or damage to adjacent teeth. If they are too loose, it can result in food impaction and decay. Hence, addressing any issues right after placement allows for immediate corrective action, leading to a better long-term outcome for the patient. In contrast, checking contacts before the procedure begins wouldn't provide any relevant information as the restoration hasn't been placed yet. Evaluating after the patient leaves does not allow for timely adjustments, which can compromise the restoration's effectiveness. Assessing contacts only once every six months would not be practical or proactive for patient care, as it could allow issues to persist for an extended period without resolution.

10. Which restorative material is known for its ability to release fluoride over time?

A. Amalgam

B. Glass ionomer

C. Conventional composite

D. Micro-filled composite

The choice of glass ionomer as the restorative material known for its ability to release fluoride over time is based on its unique chemical composition and interaction with the oral environment. Glass ionomer is made from a mix of glass particles, organic acids, and water, which allows it to chemically bond to both tooth structure and metal. One of the key properties of glass ionomer is its release of fluoride ions. This release contributes to the prevention of further dental caries by enhancing the remineralization of the tooth structure. The fluoride ions can integrate into the enamel and dentin structure, providing additional protection against decay. This characteristic makes glass ionomer particularly valuable in high-caries-risk patients and in certain clinical situations, such as for restorations in primary teeth or as liners in deep cavities, where additional fluoride can help protect the tooth over time. In contrast, materials like amalgam, conventional composites, and micro-filled composites do not have the same capacity for fluoride release. While they serve effective roles in restoring teeth, they do not provide the long-term cariostatic benefits associated with the fluoride release from glass ionomer. This is why glass ionomer is the correct choice when identifying a restorative material with fluoride-releasing properties.

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://efdaboard.examzify.com

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