INBDE Bootcamp Fields of Dentistry Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. Which compound commonly serves as the photoinitiator in many light-cured dental composites?

A. Camphorquinone

B. Tertiary amine

C. HEMA

D. Bis-GMA

2. Maxillary primary teeth eruption typically occurs within which months?

A. 6-10 months

B. 8-12 months

C. 12-16 months

D. 16-20 months

3. Percussion testing is used to assess tenderness indicating periapical inflammation.

A. Tenderness indicating periapical inflammation

B. Pulp vitality

C. Reversible pulpitis

D. Radiographic density

4. Internal line angles should be rounded to reduce stress concentration.

A. True

B. False

C. Only for primary teeth

D. Not important

5. Inflammatory resorption is external resorption caused by inflammatory mediators released during pulpal necrosis.

A. True

B. False

C. Not studied

D. Not applicable

6. A disadvantage of cement-retained implant crowns is:

A. Increased crown strength

B. Excess cement can cause peri-implantitis

C. Easier retrievability

D. Lower risk of20 esthetics

7. What term describes a pattern of bone resorption in the anterior edentulous maxilla when it opposes mandibular anterior teeth only?

A. Osteoradionecrosis

B. Residual ridge syndrome

C. Peri-prosthetic syndrome

D. Combination syndrome

8. What minimum distance from the mental nerve is recommended for implants in the mandibular region?

A. 4 mm

B. 5 mm

C. 3 mm

D. 2 mm

9. The 30-degree angle represents which concept related to condylar movement?

A. Bennet angle

B. Horizontal condylar inclination (HCI) angle

C. Incisal guidance

D. Canine guidance

10. A single anterior edentulous area crossing the midline describes which Kennedy Class?

A. Class I

B. Class II

C. Class III

D. Class IV

Answers

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

Explanations

1. Which compound commonly serves as the photoinitiator in many light-cured dental composites?

A. Camphorquinone

B. Tertiary amine

C. HEMA

D. Bis-GMA

In light-cured dental composites, polymerization begins when a photoinitiator absorbs blue light and generates free radicals to start the methacrylate polymer network. Camphorquinone is the most commonly used photoinitiator because it strongly absorbs blue light around 468 nm and, with a tertiary amine co-initiator, efficiently forms the radicals needed to kick off polymerization. This pairing provides reliable curing with typical dental blue-light sources and good esthetic properties. The other substances listed are not initiators: HEMA and Bis-GMA are resin monomers that form the matrix, while a tertiary amine acts as a co-initiator rather than the primary initiator itself.

2. Maxillary primary teeth eruption typically occurs within which months?

A. 6-10 months

B. 8-12 months

C. 12-16 months

D. 16-20 months

Maxillary primary teeth tend to erupt in a set order, with the first teeth to appear in the upper jaw being the central incisors. These upper central incisors typically erupt around eight to twelve months of age. That window best fits the common timing for the first maxillary teeth to come in. By comparison, the earlier six to ten months window usually matches the lower central incisors, while later windows correspond to the subsequent maxillary teeth (lateral incisors, first molars, canines) that erupt after the central incisors. So eight to twelve months is the standard period for the initial maxillary eruption.

3. Percussion testing is used to assess tenderness indicating periapical inflammation.

A. Tenderness indicating periapical inflammation

B. Pulp vitality

C. Reversible pulpitis

D. Radiographic density

Percussion testing assesses tenderness in the periodontal ligament and surrounding periapical tissues. When there is inflammation in the periapical region, tapping the tooth provokes pain because inflammatory mediators sensitize the ligament fibers. This makes percussion a useful sign of periapical pathology, such as symptomatic apical periodontitis, rather than a test of the pulp itself. This test does not measure pulp vitality, which is evaluated with heat/cold or electric pulp tests to see if the pulp tissue can respond. Reversible pulpitis concerns pulpal inflammation, which is a pulpal issue rather than a periapical one. Radiographic density is an imaging finding, not a response to tapping.

4. Internal line angles should be rounded to reduce stress concentration.

A. True

B. False

C. Only for primary teeth

D. Not important

Rounding internal line angles reduces stress concentration. Sharp corners act as notches where occlusal and functional forces concentrate, making cracks more likely to start and propagate in both tooth structure and restorative material. By smoothing these angles and increasing the radius of curvature, the forces are spread more evenly, lowering the local stress and improving resistance to fracture, especially under repetitive chewing. This principle applies broadly to tooth preparations and various restorative materials, and it also helps with better marginal adaptation and finishing.

5. Inflammatory resorption is external resorption caused by inflammatory mediators released during pulpal necrosis.

A. True

B. False

C. Not studied

D. Not applicable

Inflammatory resorption is a type of external resorption driven by inflammation that originates from a necrotic pulp. When the pulp tissue dies and becomes infected, inflammatory mediators and bacterial products can diffuse through dentinal tubules and reach the periodontal ligament. There these inflammatory signals recruit clastic cells (odontoclasts/cementoclasts) to the root surface, causing resorption of cementum and dentin from the outside of the tooth. Clinically, this often follows trauma or carious exposure with pulp necrosis and can progress if the infection isn't removed. Prompt endodontic treatment to eliminate necrotic tissue and infection can halt the resorption and help preserve the tooth.

6. A disadvantage of cement-retained implant crowns is:

A. Increased crown strength

B. Excess cement can cause peri-implantitis

C. Easier retrievability

D. Lower risk of20 esthetics

The main issue with cement-retained implant crowns is the potential for excess cement to remain around the implant-abutment junction. Because an implant lacks a periodontal ligament, the surrounding tissues don't have the same natural cleansing and inflammatory response to foreign material as teeth do. If cement extends subgingivally and isn't fully removed, it becomes a plaque trap that can irritate the peri-implant tissues, leading to inflammation, bone loss, and even peri-implantitis over time. Mitigation strategies include designing margins to be supragingival when possible, using radiopaque cement so remnants are easier to detect on radiographs, ensuring careful removal of all excess cement, and considering screw-retained crowns when retrievability is a priority. While cement-retained crowns can offer excellent esthetics by eliminating a screw access hole, the risk of submucosal cement remnants is the key disadvantage in contrast to screw-retained options, which are generally easier to retrieve.

7. What term describes a pattern of bone resorption in the anterior edentulous maxilla when it opposes mandibular anterior teeth only?

A. Osteoradionecrosis

B. Residual ridge syndrome

C. Peri-prosthetic syndrome

D. Combination syndrome

This pattern is combination syndrome, a denture-related sequence of changes that occurs when a maxillary complete denture opposes only mandibular anterior teeth. The anterior maxilla begins to resorb due to the unopposed anterior pressure, while the posterior maxillary region can respond with tuberosity overgrowth. You'll also see changes such as papillary hyperplasia in the palate, extrusion of the mandibular anterior teeth, and a tendency for loss of posterior occlusion. This combination of signs—especially the rapid resorption of the anterior maxilla in the setting described—defines this condition, making it the best answer. Osteoradionecrosis is radiation-induced bone death, not a denture-induced pattern. Residual ridge syndrome refers to generalized ridge resorption without this specific anterior-maxillary pattern. Peri-prosthetic syndrome describes soft-tissue or peri-implant issues around prostheses, not the characteristic maxillary anterior resorption with tuberosity changes seen here.

8. What minimum distance from the mental nerve is recommended for implants in the mandibular region?

A. 4 mm

B. 5 mm

C. 3 mm

D. 2 mm

Protecting the mental nerve is essential when placing implants in the mandible. The nerve exits the mandible through the mental foramen and provides sensation to the lower lip and chin, so a safety buffer is needed to avoid neurosensory disturbance from drilling, threading, or postoperative changes. The recommended minimum distance is five millimeters. This buffer accounts for anatomical variation, such as anterior loops of the mental nerve that can extend in front of the foramen, as well as potential measurement error on imaging and bone remodeling after placement. When planning, use CBCT to map the nerve's course and confirm there is at least this space; if not, consider alternative sites, shorter implants, or other surgical approaches to protect the nerve.

9. The 30-degree angle represents which concept related to condylar movement?

A. Bennet angle

B. Horizontal condylar inclination (HCI) angle

C. Incisal guidance

D. Canine guidance

During lateral jaw movement, the condyles move in more than one direction, and one important measure is how the working condyle progresses in the horizontal plane. The horizontal condylar inclination describes this path's angle in the horizontal plane, essentially showing how the condyle moves side-to-side as the mandible shifts laterally. A value around 30 degrees is a common standard used on semi-adjustable articulators to reproduce that horizontal component of condylar movement. This is distinct from things like the Bennet angle, which refers to the frontal-plane (medial-lateral) component of the nonworking condyle's movement, or from incisal and canine guidance, which describe anterior dentition's role in disoccluding the posterior teeth rather than the condyle's horizontal path. So the 30-degree angle represents the horizontal condylar inclination.

10. A single anterior edentulous area crossing the midline describes which Kennedy Class?

A. Class I

B. Class II

C. Class III

D. Class IV

Think of the Kennedy classification as a way to describe where the gaps in teeth are and whether they cross the midline. An edentulous span in the front that crosses the midline is unique in being a single anterior defect that spans the center of the arch. That pattern defines Class IV. It's different from posterior cases (Class I: bilateral posterior gaps; Class II: a single unilateral posterior gap) and from Class III, which is a unilateral gap bounded by teeth on both sides without crossing the midline. So the described anterior span crossing the midline fits Class IV.

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://inbdebootcampfieldsofdentistry.examzify.com

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