

INBDE BOOTCAMP FIELDS OF DENTISTRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which component is commonly described as the anterior determinant of occlusion in articulation concepts?**
 - A. Condylar guidance
 - B. Incisal guidance
 - C. Bennet angle
 - D. Christensen's Phenomenon
- 2. What is the recommended splinting duration for avulsion, subluxation (bump without dislocation), and extrusive luxation?**
 - A. 4 weeks
 - B. 2 weeks
 - C. 6 weeks
 - D. 8 weeks
- 3. Beveling the cavosurface for Class V amalgam restorations is:**
 - A. True
 - B. False
 - C. Only for anterior teeth
 - D. Only for posterior teeth
- 4. Etching in resin bonding also serves to remove the smear layer and expose dentin for micromechanical bonding.**
 - A. Increases enamel roughness
 - B. Creates chemical bonds to collagen
 - C. Seals dentin tubules
 - D. Removes smear layer and exposes dentin for micromechanical bonding
- 5. Which statement best describes Class II Division II?**
 - A. Mandible protruded and maxillary incisors protruded.
 - B. Mandible retruded and maxillary incisors retruded.
 - C. Mandible retruded and maxillary incisors protruded.
 - D. Mandible retruded and maxillary incisors retruded.

- 6. What is the first question to ask in the assessment of traumatic head injuries?**
- A. Did they experience loss of consciousness?
 - B. Location of injury
 - C. Time since injury
 - D. Mechanism of injury
- 7. External loss of the root surface due to inflammatory mediators generated by pulpal necrosis is called what?**
- A. External resorption
 - B. Inflammatory resorption
 - C. Replacement resorption
 - D. Internal resorption
- 8. Which curve tends to have a mesial inclination as you move distally?**
- A. Curve of Wilson
 - B. Curve of Spee
 - C. Monson's Sphere
 - D. Lingualized Occlusion
- 9. Which term denotes water uptake causing swelling in a dental material?**
- A. Absorption
 - B. Desorption
 - C. Imbibition
 - D. Osmosis
- 10. On an articulator where the condyles are part of the lower member and the fossae form part of the upper member, which factor determines the posterior occlusion and depends on the slope of the articular eminence?**
- A. Incisal guidance
 - B. Canine guidance
 - C. Condylar guidance
 - D. Christensen's Phenomenon

Answers

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

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Explanations

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1. Which component is commonly described as the anterior determinant of occlusion in articulation concepts?

- A. Condylar guidance
- B. Incisal guidance**
- C. Bennet angle
- D. Christensen's Phenomenon

Incisal guidance is the anterior determinant of occlusion because the position and inclination of the front teeth set how the mandible moves during protrusive and eccentric movements, directing the path of the bite and causing posterior teeth to disocclude at the right time. A steeper incisal guidance tends to separate the posterior teeth earlier during forward movement, while a flatter incisal guidance allows more posterior contact. Condylar guidance, on the other hand, describes the path of the jaw joints themselves and mainly influences posterior contacts. The Bennet angle relates to the mediotrusive movement of the balancing side in lateral excursions, another posterior determinant of occlusion. Christensen's phenomenon is an observed pattern in eccentric movements where posterior teeth separate due to anterior guidance; it's a consequence of those movements rather than the primary determinant.

2. What is the recommended splinting duration for avulsion, subluxation (bump without dislocation), and extrusive luxation?

- A. 4 weeks**
- B. 2 weeks
- C. 6 weeks
- D. 8 weeks

Stabilizing the tooth after significant trauma gives the periodontal ligament and surrounding bone time to heal and reduces the risk of further damage from movement. Avulsion, subluxation, and extrusive luxation all involve notable disruption of the supporting tissues, so a longer, but still flexible, splinting period is recommended to allow proper healing and reattachment. Four weeks of flexible splinting provides enough time for the tissues to recover and for the tooth to regain stable function, while avoiding the problems that come with too-short immobilization (continued mobility and trauma) or too-long immobilization (increased risk of ankylosis and other complications).

3. Beveling the cavosurface for Class V amalgam restorations is:

- A. True
- B. False**
- C. Only for anterior teeth
- D. Only for posterior teeth

Beveling the cavosurface margin is a technique tied to improving bonding and esthetics with adhesive materials, where increasing the surface area helps create a smoother, more seamless transition. Amalgam relies on mechanical retention and proper contouring rather than adhesive bonding, so a bevel at the cavosurface doesn't provide a meaningful benefit. In fact, beveling at the cervical margin can thin or remove enamel and dentin in a region where the tooth is already vulnerable, potentially weakening the margin and not improving the seal of the restoration. For Class V amalgam restorations, beveling is not indicated, making the statement false.

4. Etching in resin bonding also serves to remove the smear layer and expose dentin for micromechanical bonding.

- A. Increases enamel roughness
- B. Creates chemical bonds to collagen
- C. Seals dentin tubules

D. Removes smear layer and exposes dentin for micromechanical bonding

Etching with phosphoric acid on dentin removes the smear layer that forms during tooth preparation and demineralizes the surface, exposing the collagen network and opening dentinal tubules. This creates micro-porosities that resin can infiltrate, forming a resin-rich hybrid layer and resin tags that provide micromechanical interlocking with dentin. Because the goal of bonding to dentin is to achieve strong mechanical adhesion rather than a chemical bond to collagen, removing the smear layer and exposing the dentin surface is essential for effective resin bonding. While the same etching action on enamel increases surface roughness for bonding, the dentin effect described here centers on creating an unfouled, permeable surface that allows resin infiltration and interlocking.

5. Which statement best describes Class II Division II?

- A. Mandible protruded and maxillary incisors protruded.
- B. Mandible retruded and maxillary incisors retruded.**
- C. Mandible retruded and maxillary incisors protruded.
- D. Mandible retruded and maxillary incisors retruded.

Class II Division II is defined by a Class II molar relationship with the upper front teeth tipped backward. The upper incisors, especially the central ones, are retroclined (tilted toward the tongue), and the lower jaw is typically retruded relative to the upper jaw. This combination often results in a deep bite and a reduced or even negative overjet, setting it apart from Division I where the upper incisors are usually proclined. So the statement describing both a retruded mandible and retroclined maxillary incisors best captures this pattern.

6. What is the first question to ask in the assessment of traumatic head injuries?

- A. Did they experience loss of consciousness?**
- B. Location of injury
- C. Time since injury
- D. Mechanism of injury

The main idea is to quickly identify signs of potential brain injury. Asking about loss of consciousness is the fastest, most informative first step because it signals that the brain may have been affected and helps determine how urgently the patient needs evaluation and monitoring. If the person experienced loss of consciousness after the head injury, that flag indicates a higher risk of intracranial injury and warrants prompt neurological assessment, possible imaging, and close observation for deterioration. It also sets the stage for watching for evolving symptoms, such as confusion or amnesia. Other information—like where the injury occurred, exactly how long ago it happened, or the mechanism of injury—are important for a full picture, but they don't tell you as immediately about brain injury risk as a reported loss of consciousness. Location helps with local factors, time since injury informs prognosis, and mechanism helps anticipate associated injuries, but the presence of loss of consciousness is the most direct cue for initiating careful neurological evaluation. If consciousness was not lost, still monitor for developing symptoms, as some injuries can evolve over time.

7. External loss of the root surface due to inflammatory mediators generated by pulpal necrosis is called what?

- A. External resorption
- B. Inflammatory resorption**
- C. Replacement resorption
- D. Internal resorption

Inflammatory resorption is triggered when inflammatory mediators from a necrotic pulp reach the periodontal ligament and activate clastic cells on the external root surface, causing loss of cementum and dentin from outside the tooth. This external resorption is specifically tied to pulpal necrosis, distinguishing it from internal resorption (inside the canal), replacement resorption or ankylosis (bone replaces the root surface), and surface resorption (a minor, often self-limiting form). The concept to focus on is that the source of inflammation is the necrotic pulp, which drives the external resorption process; treating the pulp and stopping the inflammatory stimulus with endodontic therapy can halt progression and allow potential repair.

8. Which curve tends to have a mesial inclination as you move distally?

- A. Curve of Wilson
- B. Curve of Spee**
- C. Monson's Sphere
- D. Lingualized Occlusion

The Curve of Spee is the anteroposterior curve of the occlusal surfaces seen in the sagittal plane. It is formed by the cusp tips from the tip of the lower canine through the buccal cusp tips of the posterior teeth. As you trace this curve from front to back, it tends to tilt toward the mesial direction when looking distally, giving a mesial inclination in the posterior region. This distinguishes it from Curve of Wilson, which is a transverse, mediolateral curve, Monson's Sphere, a 3D theoretical concept for overall occlusal curvature, and Lingualized Occlusion, which describes a contact pattern rather than a curvature.

9. Which term denotes water uptake causing swelling in a dental material?

- A. Absorption
- B. Desorption
- C. Imbibition**
- D. Osmosis

Imbibition is the process where water is taken into a porous dental material, causing it to swell. When a material has a network of pores or a hydrogel-like structure, water uptake expands the matrix and increases volume. This specific link between water absorption and dimensional growth is what imbibition denotes. Absorption is a broader term for liquid uptake and doesn't always imply swelling. Desorption is the loss of water leading to shrinkage, not swelling. Osmosis involves water moving across a semipermeable membrane and isn't the mechanism behind swelling of a solid dental material.

10. On an articulator where the condyles are part of the lower member and the fossae form part of the upper member, which factor determines the posterior occlusion and depends on the slope of the articular eminence?

A. Incisal guidance

B. Canine guidance

C. Condylar guidance

D. Christensen's Phenomenon

Condylar guidance sets the path of the posterior teeth in eccentric movements when the condyles are attached to the lower member and the fossae to the upper member. The slope of the articular eminence determines that path: a steeper eminence creates a different posterior contact pattern than a flatter one. So, the posterior occlusion in this setup is governed by how the condyle moves along the articular eminence. Incisal guidance and canine guidance influence anterior disclusion, not the posterior contacts in this arrangement, and Christensen's Phenomenon describes posterior disclusion during protrusion due to anterior guidance, not the primary determinant of posterior occlusion here.

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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:

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

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