

INBDE (INTEGRATED NATIONAL BOARD DENTAL EXAMINATION) PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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 facial expression muscle acts as the mouth sphincter?**
 - A. Zygomaticus major
 - B. Orbicularis oris
 - C. Buccinator
 - D. Masseter

- 2. What is a neoplasm of fibroblasts?**
 - A. Nodular fasciitis and fibromatosis
 - B. Granular cell tumor
 - C. Schwannoma
 - D. Neurofibromatosis type 1

- 3. Which condition involves disorganized bone modeling localized to only a few bones?**
 - A. Paget's disease
 - B. Osteoarthritis
 - C. Osteoporosis
 - D. Rheumatoid arthritis

- 4. What is a potential sequela of herpes zoster infection that is burning, aching, and shock-like?**
 - A. Atypical odontalgia
 - B. Trigeminal neuralgia
 - C. Postherpetic neuralgia
 - D. Occlusal dysesthesia

- 5. Where does the temporalis muscle insert?**
 - A. coronoid process
 - B. mandibular notch
 - C. condylar process
 - D. mental foramen

- 6. How many days does the early lesion of gingivitis last?**
- A. 2-3 days
 - B. 4-7 days
 - C. 10-14 days
 - D. 14-21 days
- 7. What percentage of cleft lip cases also have a cleft palate?**
- A. 50%
 - B. 60%
 - C. 70%
 - D. 80%
- 8. What fibers carry pulpitis pain?**
- A. A beta fibers
 - B. A gamma fibers
 - C. B fibers
 - D. C fibers
- 9. The most common site for spread of dental infections that break out of the alveolar bone on the facial side is?**
- A. vestibular
 - B. nasopalatine canal
 - C. mandibular canal
 - D. maxillary sinus
- 10. What causes back-pressure porosity of metal?**
- A. Too thin sprue
 - B. Too long sprue
 - C. Too short sprue prevents venting of gas
 - D. Incorrect temperature control

Answers

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

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Explanations

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1. Which facial expression muscle acts as the mouth sphincter?

- A. Zygomaticus major
- B. Orbicularis oris**
- C. Buccinator
- D. Masseter

The facial expression muscle that acts as the mouth sphincter is the Orbicularis oris. This muscle is a circular muscle that surrounds the mouth and is responsible for closing and puckering the lips. It plays a crucial role in functions such as speaking, eating, and facial expressions involving the mouth. The other options, such as the Zygomaticus major, Buccinator, and Masseter, are facial muscles with different functions. The Zygomaticus major is responsible for raising the corners of the mouth when a person smiles, the Buccinator muscle helps in sucking and blowing actions as well as keeping food in place while chewing, and the Masseter muscle is involved in the elevation and closing of the jaw.

2. What is a neoplasm of fibroblasts?

- A. Nodular fasciitis and fibromatosis**
- B. Granular cell tumor
- C. Schwannoma
- D. Neurofibromatosis type 1

Answer A neoplasm of fibroblasts is a type of tumor that develops from cells called fibroblasts, which are responsible for producing the structural framework of our tissues. This type of neoplasm is characterized by the abnormal growth and proliferation of fibroblasts, which can result in the formation of nodules or masses in different parts of the body. Nodular fasciitis and fibromatosis are both examples of neoplasms of fibroblasts, whereas the other options (B, C, and D) refer to neoplasms that involve different types of cells and have different characteristics. For example, granular cell tumors arise from nerve tissue, Schwannomas develop from Schwann cells, and neurofibromatosis type 1 is a genetic condition that affects nerve tissues. Therefore, these options are not considered neoplasms of fibroblasts.

3. Which condition involves disorganized bone modeling localized to only a few bones?

- A. Paget's disease**
- B. Osteoarthritis
- C. Osteoporosis
- D. Rheumatoid arthritis

Paget's disease is the only condition that involves disorganized bone modeling. Osteoarthritis is a degenerative joint disease, not a bone condition. Osteoporosis affects multiple bones and causes generalized bone loss, not localized disorganized bone modeling. Rheumatoid arthritis is an autoimmune disease that primarily affects joints, not bone modeling. Therefore, none of the other options are correct, making A the most suitable answer choice.

4. What is a potential sequela of herpes zoster infection that is burning, aching, and shock-like?

- A. Atypical odontalgia
- B. Trigeminal neuralgia
- C. Postherpetic neuralgia**
- D. Occlusal dysesthesia

Postherpetic neuralgia is a common and painful complication of herpes zoster infection, also known as shingles. This condition causes persistent burning, aching, and shock-like pain in the affected area for weeks, months, or even years after the initial rash has healed. Atypical odontalgia and occlusal dysesthesia do not typically involve pain in the same areas affected by herpes zoster and are not associated with this type of infection. Trigeminal neuralgia is also a type of persistent facial pain, but it is caused by compression of the trigeminal nerve, not by a viral infection.

5. Where does the temporalis muscle insert?

- A. coronoid process**
- B. mandibular notch
- C. condylar process
- D. mental foramen

The temporalis muscle is one of the muscles of mastication responsible for closing the jaw. It originates from the temporal fossa of the skull and inserts onto the coronoid process of the mandible. This insertion allows the temporalis muscle to exert its force to elevate the mandible during chewing and other jaw movements. Regarding the other options: - The mandibular notch is not a site of insertion for the temporalis muscle. - The condylar process is not where the temporalis muscle inserts. - The mental foramen is a small opening on the mandible that allows for the passage of nerves and blood vessels to the lower lip and chin, but it is not related to the insertion of the temporalis muscle.

6. How many days does the early lesion of gingivitis last?

- A. 2-3 days
- B. 4-7 days**
- C. 10-14 days
- D. 14-21 days

The early lesion of gingivitis typically lasts 4-7 days. Option A is incorrect because it is too short of a duration and does not allow enough time for inflammation to develop. Options C and D are incorrect because they are too long of a duration and suggest a more advanced stage of gingivitis. It is important to catch and treat the early lesion of gingivitis to prevent progression to a more severe form of gum disease. Therefore, option B is the best answer as it is the most accurate estimate.

7. What percentage of cleft lip cases also have a cleft palate?

- A. 50%
- B. 60%
- C. 70%
- D. 80%

Cleft lip and cleft palate are two specific types of birth defects that can occur separately or together. Cleft lip occurs when the tissue that makes up the upper lip does not fully join together during fetal development, while cleft palate occurs when the roof of the mouth does not fully close. According to the Center for Disease Control and Prevention, cleft lip and cleft palate occur together in about 50% and 70% of cases, respectively. This means that approximately 70% of cleft lip cases also have a cleft palate, making option C the correct answer. Options A, B, and D are incorrect because they either underestimate or overestimate the percentage of cleft lip cases with a cleft palate.

8. What fibers carry pulpitis pain?

- A. A beta fibers
- B. A gamma fibers
- C. B fibers
- D. C fibers

Pulpitis is an inflammation of the dental pulp, which is the soft tissue inside the tooth that contains nerves and blood vessels. When this tissue becomes inflamed, it can cause significant pain. The type of fibers that carry this pain are known as C fibers, which are unmyelinated nerves responsible for carrying slow, dull, and chronic pain signals. A beta fibers are responsible for carrying fast and sharp pain signals and are not typically involved in pulpitis pain. Similarly, A gamma fibers are involved in muscle function and do not play a role in carrying pain signals. B fibers, also known as myelinated fibers, are responsible for carrying information related to touch, pressure, and vibration, but not specific to pulpitis. In conclusion, the correct answer is D C fibers. These fibers are responsible for carrying the slow, dull, and chronic pain signals associated with pulpitis.

9. The most common site for spread of dental infections that break out of the alveolar bone on the facial side is?

- A. vestibular
- B. nasopalatine canal
- C. mandibular canal
- D. maxillary sinus

The correct answer is vestibular. This is because the most common site for the spread of dental infections that break out of the alveolar bone on the facial side is through the vestibular (buccal) space. When an infection breaches the bone, it can easily extend into the soft tissues of the face through this space due to its proximity. The other options (nasopalatine canal, mandibular canal, maxillary sinus) do not represent the most common pathway for the spread of dental infections that break out of the alveolar bone on the facial side.

10. What causes back-pressure porosity of metal?

- A. Too thin sprue
- B. Too long sprue
- C. Too short sprue prevents venting of gas
- D. Incorrect temperature control

Back-pressure porosity of metal occurs when trapped gas within the metal creates interior voids. This is caused by inadequate venting of the gas during the pouring process. A thin sprue (option A) may result in a fast flow of metal, which can cause turbulence and trap gas. A long sprue (option B) may not provide enough pressure to push the gas out of the mold. Incorrect temperature control (option D) can also affect the flow of metal and result in trapped gas. However, the main cause of back-pressure porosity is a short sprue (option C). A short sprue does not allow enough time for the gas to escape during the pouring process, resulting in trapped gas pockets within the metal. Therefore, option C is the correct answer.

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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:

<https://inbde.examzify.com>

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

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