INBDE (INTEGRATED NATIONAL BOARD DENTAL EXAMINATION) PRACTICE EXAM (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

1. Manmade radiation is how much per year?

A. 3.1mSv from dental and medical imaging

B. 6.2mSv

C. 10mSv

D. 2mSv

2. These lingual papillae are on the lateral sides of tongue:

A. Fungiform

B. Circumvallate

C. Foliate/Foliform

D. Filiform

3. Which orientation of 3rd molars is the easiest to extract?

A. Mesioangular

B. Vertical

C. Horizontal

D. Distoangular

4. Which is the most symmetrical premolar and posterior tooth?

A. Mandibular 1st premolar

B. Maxillary first premolar

C. Maxillary second premolar

D. Mandibular second premolar

5. What is the specified FL width for a cingulum rest?

A. 1mm

B. 1.5mm

C. 2mm

D. 2.5mm

6. What is the recommended smear amount of toothpaste before the age of 2?

A. 1 gram

B. A pea-sized amount

C. A smear

D. Half a pea

7. What is the most common autogenous material used to replace the condyle?

A. Iliac crest

B. Costochondral bone

C. Femur

D. Sternum

8. Pterygomandibular space is between?

A. Lateral pterygoid and mandibular ramus

B. Medial pterygoid and mandibular ramus

C. Masseter and zygomatic arch

D. Temporalis and skull base

9. Which of the following are eye abductors?

A. Superior oblique, inferior oblique, and lateral rectus

B. Superior rectus, inferior rectus, and medial rectus

C. Superior oblique, inferior rectus, and lateral rectus

D. Superior rectus, inferior oblique, and medial rectus

10. What is the risk of transmission after percutaneous injury of Hep C?

A. 1.8%

B. 30%

C. 50%

D. 10%

Answers

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

Explanations

1. Manmade radiation is how much per year?

A. 3.1mSv from dental and medical imaging

B. 6.2mSv

C. 10mSv

D. 2mSv

Manmade radiation refers to any type of radiation that is produced by human activities. According to current data, it is estimated that the average person is exposed to 3.1mSv of manmade radiation each year from sources such as dental and medical imaging. This amount is relatively low compared to other sources of radiation. For example, the average person is exposed to around 2.3mSv per year from natural sources, such as the sun and the Earth's crust. Therefore, options B (6.2mSv) and C (10mSv) are incorrect as they would be higher than the total amount of radiation a person would be exposed to from all sources. Option D (2mSv) is also incorrect as it is lower than the average amount of manmade radiation exposure per year.

2. These lingual papillae are on the lateral sides of tongue:

A. Fungiform

B. Circumvallate

C. Foliate/Foliform

D. Filiform

Lingual papillae are small raised bumps on the surface of the tongue. They are responsible for our sense of taste. The three types of papillae are fungiform, circumvallate, and foliate. Filiform papillae are not involved in taste sensation. They are small and spindle-shaped and present all over the tongue's surface, giving it the rough texture. They do not have taste buds. Circumvallate papillae are located on the back of the tongue in a V-shaped line. They are larger and flatter in shape compared to fungiform papillae. Fungiform papillae are spread across the tongue's surface and look like small red dots. They are also involved in taste sensation. However, the papillae described in this question are located on the lateral sides of the tongue, which are often referred to as the sides or edges of the tongue, and they are called foliate papillae. They are leaf-shaped and arranged in rows on the edges of the tongue towards the back. These papillae contain taste buds, but they are not as numerous as those on circumvallate and fungiform papillae. Therefore, the correct answer is C

3. Which orientation of 3rd molars is the easiest to extract?

A. Mesioangular

B. Vertical

C. Horizontal

D. Distoangular

Mesioangular orientation of 3rd molars is considered the easiest to extract due to its position. The tooth is angled towards the front of the mouth, making it more straightforward to access and remove compared to other orientations. In contrast, horizontal orientation (Choice C) can be more challenging to extract as the tooth is positioned horizontally against the adjacent tooth, requiring more complicated maneuvers for extraction. Vertical orientation (Choice B) can also present challenges, although it is generally simpler than horizontal or distoangular orientations. Distoangular orientation (Choice D) involves an angle towards the back of the mouth, making it more difficult to access and extract compared to the mesioangular position.

4. Which is the most symmetrical premolar and posterior tooth?

A. Mandibular 1st premolar

B. Maxillary first premolar

C. Maxillary second premolar

D. Mandibular second premolar

The most symmetrical premolar and posterior tooth is the maxillary second premolar. This tooth has a rectangular shape, with a more evenly distributed mesial and distal surfaces compared to other premolars and posterior teeth. Furthermore, the maxillary second premolar typically has two buccal cusps that are of similar size and shape, further contributing to its symmetry. The other options, including the mandibular 1st premolar, maxillary 1st premolar, and mandibular 2nd premolar, all have varying degrees of asymmetry, whether in shape or size of cusps, making them less symmetrical compared to the maxillary 2nd premolar.

5. What is the specified FL width for a cingulum rest?

A. 1mm

B. 1.5mm

C. 2mm

D. 2.5mm

When determining the specified FL (facial-lingual) width for a cingulum rest, the general rule of thumb is to use a width that is approximately 1/3 of the cingulum length. Based on this rule, 2mm would be the most appropriate choice. Option A and B (1mm and 1.5mm respectively) would be too narrow and might not provide enough stability for the restoration. Option D (2.5mm) would be too wide and could potentially interfere with the occlusion. Therefore, option C (2mm) is the best choice for the specified FL width for a cingulum rest.

6. What is the recommended smear amount of toothpaste before the age of 2?

A. 1 gram

B. A pea-sized amount

C. A smear

D. Half a pea

The recommended 'smear' amount of toothpaste before the age of 2 refers to the size of a grain of rice. This is the amount recommended by the American Dental Association and is considered sufficient for the toothbrushing needs of infants and toddlers. The other options listed may be too little or too much, which can be harmful for the child's teeth. For example, using 1 gram or half a pea-sized amount may be too much and may lead to excessive fluoride intake and possible fluorosis, while 'a smear' is generally considered a safe and recommended amount for young children.

7. What is the most common autogenous material used to replace the condyle?

A. Iliac crest

B. Costochondral bone

C. Femur

D. Sternum

Costochondral bone is the most common autogenous material used to replace the condyle. This is because the costochondral graft has the best chance of maintaining the morphology of the joint due to its cartilaginous head. The other options, such as the iliac crest, femur, and sternum, are less ideal for condyle replacement due to their differences in structure and function compared to the natural condyle.

8. Pterygomandibular space is between?

A. Lateral pterygoid and mandibular ramus

B. Medial pterygoid and mandibular ramus

C. Masseter and zygomatic arch

D. Temporalis and skull base

The pterygomandibular space is located between the medial pterygoid muscle and the mandibular ramus. This space is important in dentistry as it contains the inferior alveolar nerve, artery, and vein, as well as the sphenomandibular ligament. Understanding the anatomy and structures within this space is crucial for various dental procedures such as inferior alveolar nerve blocks. Therefore, the correct answer is B. Option A is incorrect as the lateral pterygoid muscle is not involved in defining the pterygomandibular space. Option C is incorrect as the masseter muscle and zygomatic arch do not delineate the pterygomandibular space. Option D is incorrect as the temporalis muscle and skull base do not border the pterygomandibular space.

9. Which of the following are eye abductors?

A. Superior oblique, inferior oblique, and lateral rectus

B. Superior rectus, inferior rectus, and medial rectus

C. Superior oblique, inferior rectus, and lateral rectus

D. Superior rectus, inferior oblique, and medial rectus

The correct answer is A. The eye abductors are the muscles responsible for moving the eye away from the midline (laterally). The superior oblique, inferior oblique, and lateral rectus muscles are the primary muscles that are involved in this action. Option B consists of the superior rectus, inferior rectus, and medial rectus muscles, which are responsible for other movements of the eye and not abduction. Option C includes the superior oblique and lateral rectus, which are eye abductors, but the inferior rectus is not involved in abduction. Option D includes the superior rectus and medial rectus, which are not primary abductors of the eye, and the inferior oblique, which is involved in elevation and extorsion of the eye but not abduction.

10. What is the risk of transmission after percutaneous injury of Hep C?

A. 1.8%

B. 30%

C. 50%

D. 10%

When a healthcare worker experiences a percutaneous injury (e.g., a needlestick) involving Hepatitis C-infected blood, the risk of transmission of Hepatitis C virus is relatively low, estimated to be around 1.8%. This low risk can be attributed to various factors such as the viral load in the source patient's blood, the amount of blood involved in the exposure, and the susceptibility of the exposed individual. Therefore, option A is the most accurate choice in terms of the risk of transmission after a percutaneous injury involving Hepatitis C. Options B, C, and D are incorrect as they present higher percentages which do not align with the actual risk of transmission for Hepatitis C in such situations.

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!