

MINIMALLY INVASIVE DENTISTRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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<https://minimallyinvasivedentistry.examzify.com>



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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. Compared with conventional drilling, MID reduces tooth structure removal by using which strategy?**
 - A. Full caries removal and restoration
 - B. Selective removal and sealing
 - C. Immediate crown placement
 - D. Extraction

- 2. Which of the following is NOT listed as a conservative prep shape?**
 - A. Full crown
 - B. Tunnel preps
 - C. Slot/box
 - D. PRR

- 3. Which of the following is a method of topical fluoride application?**
 - A. Fluoride varnish
 - B. Fluoride foam administered in lined trays
 - C. Home fluoride (paste, rinse)
 - D. All of the above

- 4. Which factors would indicate proximal risk management with sealing?**
 - A. Cavitated proximal lesions requiring direct restoration
 - B. No proximal lesions and low caries risk
 - C. Presence of incipient proximal lesions or radiographic proximal radiolucencies without cavitation; high caries risk
 - D. Preference for cosmetic appearance

- 5. What is the correct sequence of steps in the resin infiltration technique (ICON) for a proximal lesion?**
 - A. Etch, infiltrate, apply hydrophilic resin, light cure, polish and monitor
 - B. Etch, light cure, apply hydrophobic resin, infiltration, polishing
 - C. Etch, apply hydrophilic resin, allow infiltration into lesion, light cure; follow with polishing and monitoring
 - D. Apply resin, etch, light cure, polish, monitor

- 6. No restorative material is permanent and with each replacement, the tooth becomes weaker, and the new restoration will have a shorter life.**
- A. False
 - B. Partly true
 - C. Uncertain
 - D. True
- 7. Rampant caries are best described as what?**
- A. Isolated cavitated lesions
 - B. A single non-cavitated lesion
 - C. Extensive and multiple cavitated and active lesions in the same person
 - D. Caries in arrested stage
- 8. Indirect pulp capping is indicated under which condition?**
- A. When there is an exposure.
 - B. When proximal sealing is needed.
 - C. When caries is very close to the pulp but there is no exposure; a liner/buffer is placed to encourage dentin bridge formation and pulp vitality.
 - D. When caries has caused irreversible pulpitis.
- 9. What are the indications and drawbacks of silver diamine fluoride (SDF) in MID?**
- A. Indicated to arrest caries in young or uncooperative patients or inaccessible lesions; drawback is permanent dark staining of treated lesions.
 - B. Indicated to whiten teeth.
 - C. Causes immediate pulp exposure.
 - D. Is not effective.
- 10. Which MID approaches are favored for root caries in older adults?**
- A. Non-invasive fluoride therapy, sealing with GIC or resin, and resin infiltration when feasible, with careful monitoring.
 - B. Extraction of the root
 - C. Immediate drilling and filling with amalgam
 - D. Root planing only

Answers

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

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Explanations

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1. Compared with conventional drilling, MID reduces tooth structure removal by using which strategy?

- A. Full caries removal and restoration
- B. Selective removal and sealing**
- C. Immediate crown placement
- D. Extraction

Minimally invasive dentistry focuses on preserving tooth structure by treating caries in a conservative way. The best strategy is selective removal of carious dentin and sealing the rest. By removing only the dentin that is infected and leaving demineralized but non-infected dentin, then sealing the cavity with an adhesive, the progression of caries can be arrested while much of the healthy tooth is preserved. This approach reduces how much tooth is removed compared with conventional drilling, which aims to eliminate all caries and often shapes the cavity more aggressively. Other options like immediate crown placement or extraction don't embody this preservation-focused strategy.

2. Which of the following is NOT listed as a conservative prep shape?

- A. Full crown**
- B. Tunnel preps
- C. Slot/box
- D. PRR

In minimally invasive dentistry, the aim is to preserve as much healthy tooth structure as possible, so the shapes used are designed to be conservative. A full crown requires substantial reduction of both enamel and dentin all around the tooth to fit the crown, which means removing a lot of sound tooth structure. That makes it non-conservative. The other shapes fit the MIS mindset. A tunnel prep lets you access and remove decay from beneath a tooth surface while keeping the cusps and marginal ridges largely intact, preserving strength. A slot or box prep provides access for proximal decay with minimal removal while maintaining much of the tooth's structure. PRR, short for Preventive Resin Restoration (or partial caries removal and restoration), uses a resin restoration to seal and restore small lesions, again preserving more tooth structure than a full crown would. So the option that isn't listed as a conservative prep shape is the full crown.

3. Which of the following is a method of topical fluoride application?

- A. Fluoride varnish
- B. Fluoride foam administered in lined trays
- C. Home fluoride (paste, rinse)
- D. All of the above**

Topical fluoride therapy means applying fluoride directly to the tooth surface to enhance remineralization and prevent demineralization. Fluoride varnish is a professional topical product applied to teeth and left to release fluoride over time. Fluoride foam in lined trays is another topical method that coats all tooth surfaces for a period, delivering fluoride where it's needed. Home fluoride products, like toothpaste and mouth rinses, provide daily topical exposure as they contact the tooth surfaces during regular brushing or rinsing. These approaches all deliver fluoride directly to the tooth surface rather than through ingestion and systemic distribution. Therefore, all of the listed options are methods of topical fluoride application.

4. Which factors would indicate proximal risk management with sealing?

- A. Cavitated proximal lesions requiring direct restoration
- B. No proximal lesions and low caries risk
- C. Presence of incipient proximal lesions or radiographic proximal radiolucencies without cavitation; high caries risk**
- D. Preference for cosmetic appearance

Sealing is used to manage early proximal caries in patients at high caries risk, aiming to arrest progression while preserving tooth structure. When there are incipient proximal lesions or radiographic proximal radiolucencies without cavitation and the patient has high caries risk, sealing the area can halt further decay without drilling. If there are cavitated proximal lesions, sealing isn't appropriate because a restoration is necessary to remove decay and restore form. No proximal lesions with low caries risk likewise doesn't warrant sealing, and cosmetic appearance alone isn't a driver for proximal risk management.

5. What is the correct sequence of steps in the resin infiltration technique (ICON) for a proximal lesion?

- A. Etch, infiltrate, apply hydrophilic resin, light cure, polish and monitor
- B. Etch, light cure, apply hydrophobic resin, infiltration, polishing
- C. Etch, apply hydrophilic resin, allow infiltration into lesion, light cure; follow with polishing and monitoring**
- D. Apply resin, etch, light cure, polish, monitor

The main idea is that resin infiltration arrests early proximal caries by letting a low-viscosity, hydrophilic resin penetrate and fill the porous demineralized lesion before it is cured. First you prepare the lesion surface with an acid etch to create microporosities that the resin can enter. Then you apply a hydrophilic, low-viscosity resin so it can flow into the lesion; you allow enough time for the resin to infiltrate the porosities. After infiltration, you light-cure to polymerize and lock the resin in place. Finally, you polish the surface and schedule monitoring to check arrest or progression. This sequence—etch, apply hydrophilic resin, allow infiltration, light cure, then polish and monitor—follows the correct flow for ICON. The other orders are inconsistent with how resin infiltration works: curing before infiltration, using a hydrophobic resin, or omitting the infiltration step would not properly seal the lesion or would disrupt the expected penetration and arrest mechanism.

6. No restorative material is permanent and with each replacement, the tooth becomes weaker, and the new restoration will have a shorter life.

- A. False
- B. Partly true
- C. Uncertain
- D. True**

The fundamental idea is that restorations are not permanent and each replacement tends to weaken the tooth, reducing how long the new restoration will last. Even with durable materials, tooth structure is progressively removed to access the decay or damage, creating more stress points and a higher risk of fracture or marginal breakdown. The remaining tooth becomes more brittle, and the likelihood of complications such as secondary caries or restoration debonding increases, so the expected lifespan of subsequent restorations tends to shorten. That's why, in practice, even the best materials don't guarantee endless longevity, and planning focuses on preserving tooth structure and using techniques that maximize the chance of long-term success.

7. Rampant caries are best described as what?

- A. Isolated cavitated lesions
- B. A single non-cavitated lesion
- C. Extensive and multiple cavitated and active lesions in the same person**
- D. Caries in arrested stage

Rampant caries describe a pattern of widespread, rapidly progressing decay, with extensive and multiple cavitated and active lesions occurring in the same person. This best captures the idea because "rampant" implies many teeth and surfaces are affected in a short time, with lesions that are actively advancing. It isn't just isolated cavitated lesions or a single non-cavitated lesion, which would indicate more limited decay, and it isn't arrested caries, where lesions are inactive. Recognizing this pattern helps focus on addressing the overall caries risk factors—diet, hygiene, fluoride exposure, saliva flow—and implementing comprehensive preventive and restorative care to control rapid disease spread.

8. Indirect pulp capping is indicated under which condition?

- A. When there is an exposure.
- B. When proximal sealing is needed.
- C. When caries is very close to the pulp but there is no exposure; a liner/buffer is placed to encourage dentin bridge formation and pulp vitality.**
- D. When caries has caused irreversible pulpitis.

The situation being tested is when indirect pulp capping is appropriate: the carious lesion is very close to the pulp but there is no exposure. In this scenario, you remove most of the decayed dentin but leave a thin layer over the pulp, then place a liner or buffer to calm the pulp and stimulate dentin bridge formation. This approach aims to protect the pulp and preserve vitality by encouraging reparative dentin formation beneath the liner. It is not used if the pulp is exposed, not about proximal sealing alone, and not suitable when irreversible pulpitis has already occurred, which would require more extensive pulp therapy.

9. What are the indications and drawbacks of silver diamine fluoride (SDF) in MID?

- A. Indicated to arrest caries in young or uncooperative patients or inaccessible lesions; drawback is permanent dark staining of treated lesions.**
- B. Indicated to whiten teeth.
- C. Causes immediate pulp exposure.
- D. Is not effective.

Silver diamine fluoride is used in minimally invasive dentistry to stop active caries without drilling. It's especially helpful for young children, uncooperative patients, or lesions that are hard to access where conventional restorations are challenging. The silver and fluoride components help kill caries bacteria and harden the softened dentin, effectively arresting decay and preserving tooth structure. The main drawback is that the treated carious area darkens permanently, typically becoming a black or dark brown stain. This esthetic change is a significant consideration for anterior teeth and for patients who value appearance. SDF does not remove the decay by itself, and a definitive restoration may still be needed later for function or esthetics.

10. Which MID approaches are favored for root caries in older adults?

- A. Non-invasive fluoride therapy, sealing with GIC or resin, and resin infiltration when feasible, with careful monitoring.**
- B. Extraction of the root
- C. Immediate drilling and filling with amalgam
- D. Root planing only

In managing root caries in older adults, the aim is to arrest decay and preserve tooth structure using minimally invasive methods. Non-invasive fluoride therapy helps remineralize exposed root surfaces and can slow or stop lesion progression. Sealing the lesion with glass ionomer cement or resin creates a protective barrier that limits biofilm contact and provides fluoride release, further stabilizing the lesion. Resin infiltration, when feasible, penetrates porous carious tissue to block pathways for acids and bacteria, effectively arresting early lesions without removing much tooth structure. Ongoing monitoring is essential to detect any changes and guide further treatment if needed. These approaches reflect a conservative strategy that prioritizes preservation and control over more invasive options. Extraction removes the tooth and is not a minimally invasive approach for a root caries lesion unless the tooth is non-restorable. Immediate drilling and filling with amalgam is more invasive and may not address the underlying risk factors or progression on root surfaces. Root planing alone targets periodontal issues and does not arrest caries progression.

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://minimallyinvasivedentistry.examzify.com>

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

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