Muscles, Movements, and Occlusion in Dentistry Practice Test (Sample)

Study Guide

BY EXAMZIFY

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 material is commonly used for bite registration due to good dimensional stability and accuracy?

A. Alginate

B. Wax

C. Polyvinyl siloxane

D. Zinc oxide-eugenol paste

2. Injury from excessive occlusal force applied to teeth with normal supporting tissues describes which condition?

A. Occlusal trauma

B. Primary occlusal trauma

C. Secondary occlusal trauma

D. Centric occlusal interference

3. Clinical features of centric relation are best described as:

A. An untranslated, purely rotational hinge position about the transverse horizontal axis

B. The dynamic relationship of the mandibular anterior teeth

C. The complete intercuspation of the opposing teeth

D. Stable stops on all teeth

4. What are the typical uses of an articulator in dental practice?

A. Diagnose occlusion

B. Plan dental procedures

C. Aid in fabrication of restorations

D. All of the above

5. Which type of articulator is non-adjustable and accepts a single static registration?

A. Class 1 Articulators

B. Class 2 Articulators

C. Class 3 Articulators

D. Class 4 Articulators

6. Which of the following is NOT primarily involved in elevation of the mandible?

A. Lateral pterygoid

B. Temporalis

C. Masseter

D. Medial pterygoid

7. A premature contact that occurs when the mandible closes with the condyles in their optimum position is called what?

A. Centric occlusal interference

B. Occlusal trauma

C. Primary occlusal trauma

D. Secondary occlusal trauma

8. The imaginary line extended through all the buccal cusp tips of the mandibular posterior teeth is called what?

A. Plane of occlusion

B. BO line

C. LO line

D. CF line

9. What characteristic should bite registration material have before setting to minimize tooth displacement during closure?

A. High rigidity before setting

B. Limited resistance before setting

C. Very fast setting

D. High viscosity before setting

10. Which statement best describes hinge/rotational movement in jaw motion?

A. It occurs after 25 mm of opening

B. It is the initial phase of opening

C. It is the same as translational movement

D. It occurs only during maximum intercuspation

Answers

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

Explanations

1. Which material is commonly used for bite registration due to good dimensional stability and accuracy?

A. Alginate

B. Wax

C. Polyvinyl siloxane

D. Zinc oxide-eugenol paste

The key idea is that bite registration material must hold its shape precisely after the bite is captured, so the occlusion recorded matches the finished models. Polyvinyl siloxane, an addition silicone, provides superior dimensional stability and high accuracy. It shows minimal polymerization shrinkage and very little dimensional change over time, even if the registered bite sits for a while before pouring the cast. It also has good elastic recovery, so it resists distortion when the registration is removed from the teeth and then later used to mount the models. This combination makes it the most reliable choice for precise bite registrations. Alginate tends to undergo dimensional changes with water loss or uptake, leading to distortion. Wax readily distorts with temperature changes and handling. Zinc oxide–eugenol paste can creep and deform over time, reducing accuracy.

2. Injury from excessive occlusal force applied to teeth with normal supporting tissues describes which condition?

A. Occlusal trauma

B. Primary occlusal trauma

C. Secondary occlusal trauma

D. Centric occlusal interference

Occlusal trauma is classified by how much force is applied and the condition of the supporting tissues. When excessive occlusal force acts on a tooth with normal periodontal support, the injury is called primary occlusal trauma. The periodontium itself is healthy and capable of adapting to regular forces, but the overload pushes it beyond its adaptive range, producing signs like tooth mobility, fremitus, or tenderness, even if the bone and attachments are otherwise intact. If the tooth already has compromised support from periodontal disease, normal forces can still cause injury—this is secondary occlusal trauma. Premature contacts or centric occlusal interferences can contribute to traumatic occlusion, but they refer to specific occlusal relationships rather than the fundamental scenario of excessive force on a healthy periodontium.

3. Clinical features of centric relation are best described as:

A. An untranslated, purely rotational hinge position about the transverse horizontal axis

B. The dynamic relationship of the mandibular anterior teeth

C. The complete intercuspation of the opposing teeth

D. Stable stops on all teeth

Centric relation is the reproducible jaw relationship in which the condyles are seated in the glenoid fossae with the discs properly interposed, and the mandible is in a purely rotational hinge position about a transverse horizontal axis—there is no anterior–posterior translation. This definition emphasizes a joint-based position, not how the teeth contact each other. It is independent of tooth contact, so it does not require complete intercuspation or stable occlusal stops on all teeth, and it is not defined by the dynamic relationship of the front teeth.

4. What are the typical uses of an articulator in dental practice?

A. Diagnose occlusion

B. Plan dental procedures

C. Aid in fabrication of restorations

D. All of the above

Articulators provide a controlled, repeatable representation of the jaw joints and bite, letting clinicians study how teeth come together during closure and movement without the patient present. This makes it possible to diagnose occlusion by observing static contacts, guidance, and interferences in different jaw movements. It also aids in planning dental procedures by modeling how restorations, tooth wear corrections, or orthodontic changes will affect the bite, adjusting vertical dimension, and selecting occlusal schemes. In the fabrication of restorations, mounting casts on the articulator allows the lab to craft crowns, bridges, or full-arch prostheses with correct occlusal contacts, cusp angles, and incisal guidance, and to transfer those relationships to the mouth accurately. All of these uses are common, though the accuracy depends on proper mounting and records to avoid misleading occlusal relationships.

5. Which type of articulator is non-adjustable and accepts a single static registration?

A. Class 1 Articulators

B. Class 2 Articulators

C. Class 3 Articulators

D. Class 4 Articulators

The main idea here is about articulator types and how they handle jaw movements. A non-adjustable, simple hinge articulator is designed to hold the casts in a fixed position and use a single static registration to set that position. It cannot reproduce jaw movements, so you're limited to mounting the models in one relation, typically a centric relation record. That's why it fits the description perfectly: one static registration and no adjustability. In contrast, the other types are designed to simulate more complex jaw movements. Semi-adjustable and fully adjustable articulators allow you to set condylar guidance, incisal guidance, and lateral or Bennett movements, and they often require multiple records or more precise relations. Their built-in adjustments are what distinguish them from the non-adjustable kind, which is used mainly for simple mounting rather than occlusal analysis or appliance design.

6. Which of the following is NOT primarily involved in elevation of the mandible?

A. Lateral pterygoid

B. Temporalis

C. Masseter

D. Medial pterygoid

Elevation of the mandible is accomplished mainly by the temporalis, masseter, and medial pterygoid. The temporalis elevates (and can retract) the jaw, the masseter provides a strong elevator force to close the mouth, and the medial pterygoid assists in elevation and helps with grinding. The lateral pterygoid moves the jaw in the opposite directions—it opens the mouth (depression), protrudes the mandible, and guides lateral movement. Because its primary roles are opening and protrusion rather than raising the jaw, it is not primarily involved in elevation.

7. A premature contact that occurs when the mandible closes with the condyles in their optimum position is called what?

A. Centric occlusal interference

B. Occlusal trauma

C. Primary occlusal trauma

D. Secondary occlusal trauma

When the jaw closes with the condyles in their optimum position, the teeth should meet smoothly in centric relation. A premature contact in that position is called a centric occlusal interference because that contact disrupts the smooth seating of the teeth right at the start of closure in centric relation. It's different from occlusal trauma terms, which describe tissue injury from excessive forces rather than the timing of contacts. So the best label for a premature contact occurring during centric relation is centric occlusal interference.

8. The imaginary line extended through all the buccal cusp tips of the mandibular posterior teeth is called what?

A. Plane of occlusion

B. BO line

C. LO line

D. CF line

In occlusal analysis we use reference lines to describe how the teeth align, and the line that runs through the buccal cusp tips of all mandibular posterior teeth is called the buccal-occlusal line. This line provides a simple, straight reference across the lower back teeth to assess buccal cusp alignment. It differs from the plane of occlusion, which is a broader concept describing a surface plane formed by multiple points (incisal edges and cusp tips) rather than a single line. The other lines refer to different cusp-tip groupings, so the line through the buccal cusp tips best matches the description.

9. What characteristic should bite registration material have before setting to minimize tooth displacement during closure?

A. High rigidity before setting

B. Limited resistance before setting

C. Very fast setting

D. High viscosity before setting

The key idea is that bite registration material should record the true bite without pushing the teeth. Before setting, it needs to be compliant, offering limited resistance. When the patient closes, the material can deform slightly and allow the teeth to seat naturally, minimizing any displacement from occlusal forces. After it sets, it becomes rigid to lock in that relationship. If the material were highly rigid before setting, the closing teeth would have to fight against the stiff surface, which can move teeth or distort the recording. Very fast setting or high viscosity can also lead to poor seating or distortion if the teeth don't settle properly before hardening. Limiting resistance before setting specifically ensures a stable, displacement-free registration.

10. Which statement best describes hinge/rotational movement in jaw motion?

A. It occurs after 25 mm of opening

B. It is the initial phase of opening

C. It is the same as translational movement

D. It occurs only during maximum intercuspation

Hinge/rotational movement is the mandible turning around the condyles during the opening phase. This pure rotation happens in the early portion of opening, roughly the first 20–25 mm of vertical opening, before the condyles start translating forward on the articular eminence. Once that initial phase is done, the movement shifts to translational (gliding) as the condyles glide forward. So the best description is that hinge movement occurs in the initial phase of opening, not after a fixed 25 mm threshold or only at maximum intercuspation.

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://musclesocclusionindentistry.examzify.com

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