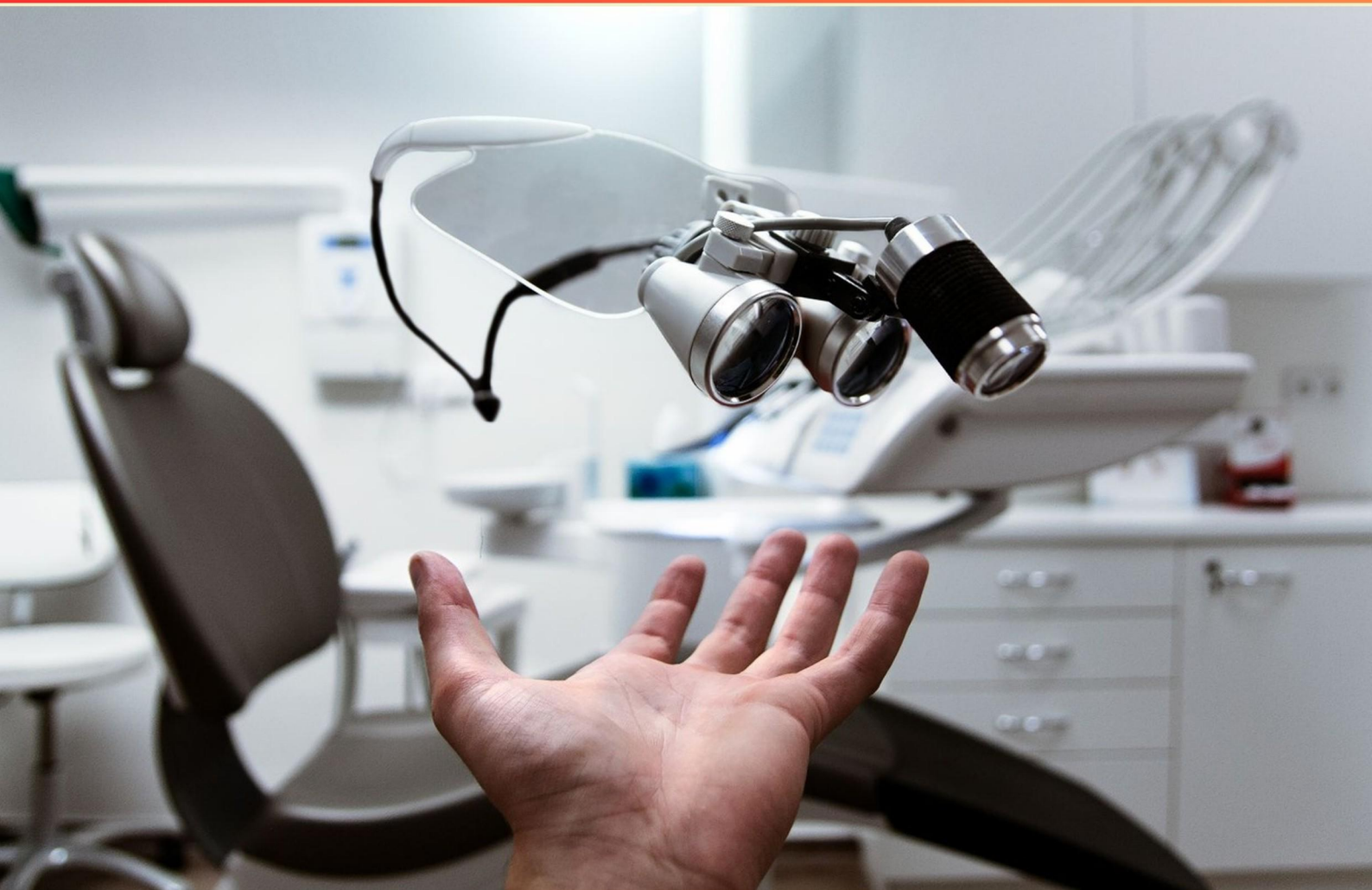


MUSCLES, MOVEMENTS, AND OCCLUSION IN DENTISTRY PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://musclesocclusionindentistry.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Name two common occlusal schemes in natural dentition and one key feature of each.**
 - A. Canine guidance—allows posterior teeth to contact during lateral movement; Group function—only a single posterior tooth bears contact.
 - B. Group function—discludes posterior teeth during lateral movement; Canine guidance—no posterior contacts on working side.
 - C. Canine guidance—discludes posterior teeth during lateral movement; Group function—multiple posterior teeth share contacts on the working side.
 - D. Anterior guidance—discludes posterior teeth during lateral movement; Group function—multiple posterior teeth share contacts on the working side.
- 2. Which statement best describes a consequence of bruxism besides wear facets?**
 - A. Muscle hyperactivity and potential TMD symptoms.
 - B. Increased tooth eruption.
 - C. Decreased enamel thickness.
 - D. Improved occlusal stability.
- 3. Which occlusal scheme distributes contact relations during lateral movements across multiple teeth?**
 - A. Group Function
 - B. Anterior Guidance
 - C. Mutually Protected Occlusion
 - D. Bilateral Balanced Occlusion
- 4. Which statement accurately describes the data used by fully adjustable articulators to replicate mandibular movements?**
 - A. Three-dimensional dynamic registrations
 - B. Two-dimensional static registrations
 - C. Only a single static registration
 - D. No registration required

- 5. The distobuccal cusp of the mandibular first molar occupies the embrasure between the maxillary second premolar and first molar. Which Angle Class does this describe?**
- A. Angle Class I
 - B. Angle Class II
 - C. Angle Class III
 - D. Mandibular Movements
- 6. What clinical signs would suggest occlusal trauma?**
- A. Tooth mobility, fremitus, pathologic wear facets, changes in occlusion, and possibly TMJ symptoms.
 - B. Only tooth color change.
 - C. Bleeding gums only.
 - D. Shortened roots only.
- 7. Which term refers to solid and stable contacts in appropriate positions to distribute the load?**
- A. Posterior Stability
 - B. Anterior Guidance
 - C. Group Function
 - D. Tall cusps and deep fossa
- 8. What is the purpose of a stabilization splint in the management of occlusion-related disorders?**
- A. To accelerate tooth eruption.
 - B. To numb teeth.
 - C. To reduce muscle hyperactivity, protect dentition, and promote a more physiologic jaw position by normalizing occlusion.
 - D. To increase occlusal wear.
- 9. Centric relation is best described as:**
- A. A maxillomandibular relationship independent of tooth contact with condyles in anterior-superior position
 - B. The occlusion of opposing teeth when the mandible is in centric relation
 - C. The complete intercuspatation of the opposing teeth
 - D. An untranslated hinge position about the transverse axis

10. Which bite registration option is easy to trim and comfortable but may have less dimensional stability than PVS?

- A. Alginate
- B. Wax
- C. Polyether
- D. Zinc oxide-eugenol paste

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Name two common occlusal schemes in natural dentition and one key feature of each.

- A. Canine guidance—allows posterior teeth to contact during lateral movement; Group function—only a single posterior tooth bears contact.
- B. Group function—discludes posterior teeth during lateral movement; Canine guidance—no posterior contacts on working side.
- C. Canine guidance—discludes posterior teeth during lateral movement; Group function—multiple posterior teeth share contacts on the working side.**
- D. Anterior guidance—discludes posterior teeth during lateral movement; Group function—multiple posterior teeth share contacts on the working side.

Two common occlusal schemes in natural dentition are canine guidance and group function. Canine guidance means that during lateral jaw movement the canines contact and guide the bite, causing the posterior teeth to disengage and not contact. This protects the back teeth from lateral forces. Group function means that on the working side, several posterior teeth share contacts during lateral movement, distributing the load across multiple teeth rather than relying on a single tooth. So the best description is that canine guidance discludes posterior teeth during lateral movement, while group function involves multiple posterior teeth sharing contacts on the working side.

2. Which statement best describes a consequence of bruxism besides wear facets?

- A. Muscle hyperactivity and potential TMD symptoms.
- B. Increased tooth eruption.
- C. Decreased enamel thickness.**
- D. Improved occlusal stability.

Bruxism involves sustained, excessive activity of the jaw muscles, not just tooth wear. This heightened muscle activity can lead to muscle fatigue and hypertonicity, producing myofascial pain, headaches, and temporomandibular joint (TMD) symptoms such as jaw stiffness or joint noises. These neuromuscular and joint effects are consequences of bruxism beyond the visible wear facets on teeth. Increased eruption isn't driven by bruxism, and while enamel thinning can occur from wear, the key additional consequence reflected here is the muscle and TMD impact. Improved occlusal stability isn't a typical outcome of bruxism; in fact, it often destabilizes occlusion.

3. Which occlusal scheme distributes contact relations during lateral movements across multiple teeth?

- A. Group Function**
- B. Anterior Guidance
- C. Mutually Protected Occlusion
- D. Bilateral Balanced Occlusion

During lateral movement you want the load shared by several teeth rather than piled onto one root that can wear or overload. Group Function accomplishes this by having the working-side posterior teeth (usually a couple of molars and premolars) come into contact and share the occlusal load, distributing forces across multiple teeth. This contrasts with anterior guidance, which discludes posterior teeth to protect them, and with mutually protected occlusion, which relies on anterior guidance to protect posterior teeth while still providing posterior support in centric; bilateral balanced occlusion aims to maintain contacts on both sides, including the nonworking side, in eccentric movements. Therefore, the scheme that distributes contact relations across multiple teeth during lateral movements is Group Function.

4. Which statement accurately describes the data used by fully adjustable articulators to replicate mandibular movements?

- A. Three-dimensional dynamic registrations**
- B. Two-dimensional static registrations
- C. Only a single static registration
- D. No registration required

To faithfully reproduce mandibular movements on a fully adjustable articulator, you need motion data that captures how the jaw moves through space over time, not just a single moment. Three-dimensional dynamic registrations provide the continuous path of the mandible and the condyles across opening, closing, protrusion, and lateral movements, giving precise spatial coordinates over time. This rich 3D, time-based data lets you set the articulator's parameters—condylar inclination, Bennett movement, incisal guidance—to mirror the patient's actual motion, so the simulated paths align with functional occlusion. In contrast, two-dimensional static registrations capture only a single pose in one plane and miss depth and movement, while a lone static registration or no registration cannot reproduce the trajectory of real mandibular movement.

5. The distobuccal cusp of the mandibular first molar occupies the embrasure between the maxillary second premolar and first molar. Which Angle Class does this describe?

- A. Angle Class I
- B. Angle Class II
- C. Angle Class III**
- D. Mandibular Movements

The key idea is the relative position of the jaws in the posterior teeth. In Angle's system, a Class III relationship means the mandible is forward (prognathic) relative to the maxilla, so the lower posterior teeth occlude ahead of the upper posterior teeth. When the distobuccal cusp of the mandibular first molar sits in the embrasure between the maxillary second premolar and first molar, it shows the lower arch is advancing anteriorly compared with the upper arch. That forward mandibular position is the hallmark of Class III malocclusion. In contrast, a Class II pattern would have the upper teeth ahead or the lower teeth positioned posteriorly, and Class I would show a normal, harmonious molar relationship.

6. What clinical signs would suggest occlusal trauma?

- A. Tooth mobility, fremitus, pathologic wear facets, changes in occlusion, and possibly TMJ symptoms.
- B. Only tooth color change.
- C. Bleeding gums only.
- D. Shortened roots only.

Occlusal trauma is injury to the supporting tissues from abnormal or excessive biting forces. The most telling clinical signs are those that show the tooth and its surrounding structures responding to that overload: mobility resulting from periodontal ligament strain, fremitus visible or palpable as the tooth moves in occlusion, wear facets that are pathologic due to abnormal grinding or heavy contacts, and changes in the occlusion such as new premature contacts or drifting of teeth. TMJ symptoms can also appear when the bite is altered and muscles and joints are stressed. These signs together reflect a pattern of excessive or misdirected occlusal loading. Color changes, bleeding gums, or shortened roots aren't typical indicators of occlusal trauma on their own; they point more to caries/pulpal issues, gingival inflammation, or different forms of root problems.

7. Which term refers to solid and stable contacts in appropriate positions to distribute the load?

- A. Posterior Stability
- B. Anterior Guidance
- C. Group Function
- D. Tall cusps and deep fossa

Posterior stability is the idea that the posterior teeth form solid, simultaneous contacts in the intercuspal (central) position so chewing forces are shared evenly among the posterior teeth. This steady, well-timed contact distribution helps protect the anterior teeth and the temporomandibular joint by avoiding overload on a single tooth or area. Anterior guidance, by contrast, describes how the front teeth influence movement and disocclude the back teeth during protrusion, which is about dynamic control rather than static load sharing. Group function involves multiple posterior teeth sharing load during lateral (working-side) movements, but the phrase about having stable, correctly positioned contacts to distribute load aligns most directly with posterior stability—the stable base for occlusion in centric contact. Tall cusps and deep fossae pertain to tooth morphology that can affect contacts, not the term for load-distributing contact pattern.

8. What is the purpose of a stabilization splint in the management of occlusion-related disorders?

- A. To accelerate tooth eruption.
- B. To numb teeth.
- C. To reduce muscle hyperactivity, protect dentition, and promote a more physiologic jaw position by normalizing occlusion.**
- D. To increase occlusal wear.

Stabilization splints are designed to reduce muscle hyperactivity, protect dentition, and promote a physiologic jaw position by normalizing occlusion. By giving the teeth a stable, even contact on a flat or minimally varied occlusal surface, these appliances decrease parafunctional forces from clenching or grinding and help the jaw rest in a repeatable, joint-friendly position. This reduces abnormal muscle activity during sleep and daily function, which in turn lessens muscle fatigue and TMD symptoms. The splint also shields teeth from wear, fractures, and occlusal trauma by distributing forces over the splint rather than concentrating them on individual teeth. Over time, this setup can help the muscles "deprogramme" to a more balanced pattern and guide the mandible toward a more physiologic relationship with the joints, especially in the presence of occlusal interferences. It's not intended to accelerate eruption, numb teeth, or increase wear; instead, it protects dentition and stabilizes the bite to support healthier muscles and joint function.

9. Centric relation is best described as:

- A. A maxillomandibular relationship independent of tooth contact with condyles in anterior-superior position**
- B. The occlusion of opposing teeth when the mandible is in centric relation
- C. The complete intercuspation of the opposing teeth
- D. An untranslated hinge position about the transverse axis

Centric relation is a reproducible maxillomandibular relationship defined by the jaw joints, not by how the teeth touch. In this position, the condyles are seated anteriorly and superiorly against the articular eminences with the discs properly interposed, and this position is independent of any tooth contact. That joint-based, tooth-independent reference is what makes centric relation a reliable starting point for prosthodontic records and treatment, because it reflects a consistent position of the mandible regardless of how the teeth occlude. The other descriptions mix in tooth contact or describe a purely hinge-based position. Centric relation is not about the occlusion or intercuspation of the opposing teeth, and it is not simply a untranslated hinge position around the transverse axis; it centers on the condyle-disc apparatus in the anterior-superior position.

10. Which bite registration option is easy to trim and comfortable but may have less dimensional stability than PVS?

- A. Alginate**
- B. Wax
- C. Polyether
- D. Zinc oxide-eugenol paste

Alginate bite registrations are favored when you want something that's comfortable for the patient and easy to trim after setting. Its pliable, forgiving nature makes it pleasant for the mouth and simple to remove excess material with a scalpel or blade. The trade-off is dimensional stability: alginate can change shape with water absorption or loss and over time, so it's not as stable as PVS. PVS bite registrations are highly dimensionally stable, which is why alginate is considered less stable in comparison. The other options tend to be either harder to trim, less comfortable, or more prone to distortion under clinical conditions, making alginate the best fit for the described criteria.

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!

SAMPLE