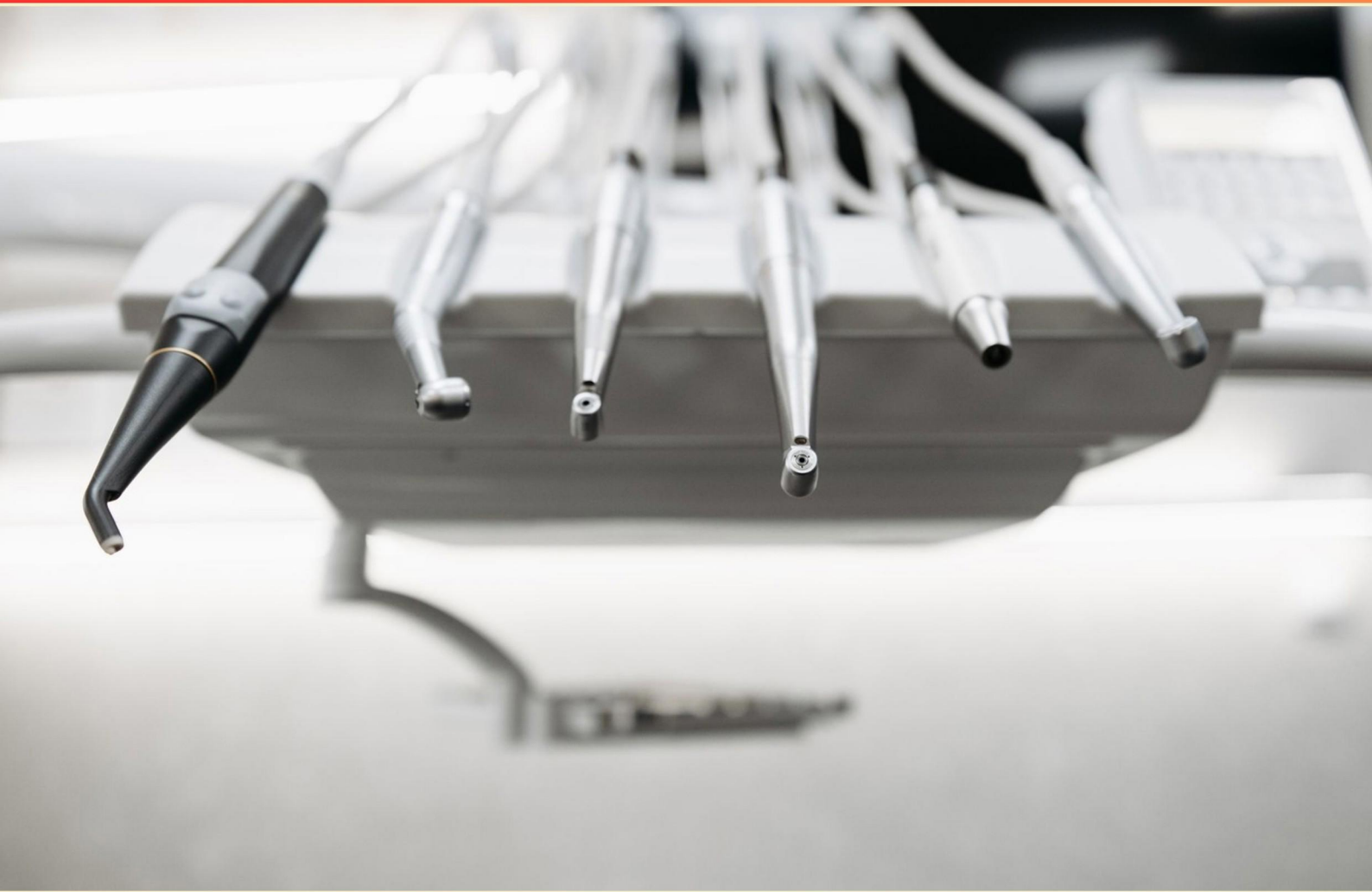


NATIONAL BOARD DENTAL HYGIENE EXAMINATION (NBDHE) DENTAL HYGIENIST PRACTICE TEST (SAMPLE) STUDY GUIDE



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. In a dental study measuring caries, what does a higher deft index indicate?**
 - A. Less carious lesions
 - B. A healthier population
 - C. More carious lesions
 - D. Better oral hygiene
- 2. What occurs when the globular process fails to fuse with the maxillary process during the first trimester of pregnancy?**
 - A. Down syndrome
 - B. Cleft palate
 - C. Cleft lip
 - D. Spina bifida
- 3. When examining a patient, which symptom might indicate possible systemic health issues?**
 - A. Healthy gums
 - B. Hygiene compliance
 - C. Keratinized lesions
 - D. Use of fluoride toothpaste
- 4. What type of pocket is generated by an apical migration of the junctional epithelium?**
 - A. Periodontal
 - B. Gingival
 - C. Suprabony
 - D. False
- 5. The patient was born with a bilateral cleft lip on the right side. A cleft in this area occurs when what processes fail to fuse during fetal development?**
 - A. Frontonasal and stomadeum
 - B. Frontonasal and maxillary
 - C. Maxillary and medial nasal
 - D. Medial nasal and frontonasal

- 6. Which of the following is one of the main reasons for a root canal?**
- A. Tooth is cracked
 - B. The pulp can't be fixed
 - C. Gums are bleeding
 - D. A cavity is present
- 7. Which condition is characterized by the incomplete fusion of the palatine processes?**
- A. Cleft lip
 - B. Cleft palate
 - C. Oral fissures
 - D. Maxillary hypoplasia
- 8. Which signs are indicators of chronic gingival inflammation?**
- A. Tough, fibrous gingiva and blunted interdental papilla
 - B. Soft, spongy gingiva and swollen interdental papilla
 - C. Shallow pockets and tooth mobility
 - D. Ulcerations and bleeding upon probing
- 9. What type of supervision is indicated when an exam is performed at a 6-month recall?**
- A. Direct supervision
 - B. General supervision
 - C. Minimal supervision
 - D. Remote supervision
- 10. At what age do mandibular second bicuspid typically erupt?**
- A. Age 9-10
 - B. Age 10-11
 - C. Age 11-12
 - D. Age 12-13

Answers

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

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Explanations

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1. In a dental study measuring caries, what does a higher deft index indicate?

- A. Less carious lesions
- B. A healthier population
- C. More carious lesions**
- D. Better oral hygiene

A higher deft index indicates more carious lesions in a population being studied. The deft index quantifies dental caries, specifically in primary teeth, by counting the number of decayed (d), extracted (e), or filled (f) primary teeth. Each of these components reflects a negative aspect of dental health, showcasing that a larger number corresponds to a higher prevalence of caries within that population. Consequently, when the deft index is elevated, it signals that there is an increased occurrence of untreated tooth decay, thus correlating directly with poorer oral health outcomes. This understanding of the deft index is crucial for assessing and implementing dental care strategies in populations, especially children, where primary teeth are the focus.

2. What occurs when the globular process fails to fuse with the maxillary process during the first trimester of pregnancy?

- A. Down syndrome
- B. Cleft palate
- C. Cleft lip**
- D. Spina bifida

When the globular process fails to fuse with the maxillary process during the first trimester of pregnancy, it results in a cleft lip. The globular process is a key structure in the embryonic development of the face, specifically in the formation of the upper lip. The maxillary processes are paired structures that contribute to the sides of the upper lip and the hard palate. If these structures do not properly fuse, it creates a gap, which is clinically recognized as a cleft lip. Cleft lip can manifest as a complete or incomplete fissure that may extend from the lip to the nose, impacting both cosmetic appearance and potentially feeding or speech development later in life. This condition typically occurs during the critical period of facial development, which is why the timing in the first trimester is crucial for this differentiation. In contrast, conditions such as Down syndrome, cleft palate, and spina bifida have different embryological causes and developmental mechanisms. For instance, cleft palate involves the failure of palatine processes of the maxilla to fuse, which is distinct from the fusion issues responsible for cleft lip. Understanding these nuances is vital for dental hygienists and healthcare professionals working with affected populations.

3. When examining a patient, which symptom might indicate possible systemic health issues?

- A. Healthy gums
- B. Hygiene compliance
- C. Keratinized lesions**
- D. Use of fluoride toothpaste

Keratinized lesions in the oral cavity can indicate possible systemic health issues, as they often reflect underlying conditions that may require further investigation. Keratinization is a process where epithelial cells become hardened and may form lesions due to irritation, inflammation, or other systemic factors. For instance, conditions such as oral lichen planus, leukoplakia, and even systemic diseases like autoimmune disorders can present with keratinized lesions. Identifying these types of lesions during an examination can prompt additional diagnostic evaluations or referrals to ensure that any potential health concerns are addressed appropriately. The other options do not typically signify systemic health issues. Healthy gums indicate good oral hygiene and periodontal health. Hygiene compliance reflects a patient's oral care habits, which, while important, do not necessarily suggest systemic issues. The use of fluoride toothpaste is a preventive measure for dental health and does not indicate underlying systemic conditions. Therefore, keratinized lesions are a more direct indicator to watch for potential systemic health problems.

4. What type of pocket is generated by an apical migration of the junctional epithelium?

- A. Periodontal**
- B. Gingival
- C. Suprabony
- D. False

The type of pocket generated by an apical migration of the junctional epithelium is classified as a periodontal pocket. This occurs when there is loss of connective tissue attachment and bone loss in the periodontal structures, allowing the junctional epithelium to move lower down onto the tooth root. The apical migration is a hallmark of periodontal disease, specifically more advanced stages like periodontitis, where the supporting structures of the teeth are compromised. With periodontal pockets, there is an increase in the depth of the sulcus, which can be assessed through clinical measurements. This pathologic process often results in the formation of pockets that can harbor bacteria, contributing to further tissue destruction if not managed properly. Understanding the distinction between different types of pockets is essential for accurate diagnosis and treatment planning in periodontal therapy.

5. The patient was born with a bilateral cleft lip on the right side. A cleft in this area occurs when what processes fail to fuse during fetal development?

- A. Frontonasal and stomadeum
- B. Frontonasal and maxillary
- C. Maxillary and medial nasal**
- D. Medial nasal and frontonasal

The development of a bilateral cleft lip involves the failure of specific facial processes to fuse correctly during fetal development. In the case of a cleft lip, particularly when it is bilateral and located on one side, the relevant fusion process involves the maxillary and medial nasal processes. The maxillary processes are responsible for forming the upper jaw and the sides of the upper lip, while the medial nasal process contributes to the formation of the philtrum (the middle area of the upper lip) and the nasal septum. When these two processes do not fuse properly, it can lead to a gap or split in the upper lip, resulting in a cleft lip. In contrast, the other combinations mentioned do not specifically account for the involvement of these critical structures in the formation of a bilateral cleft lip. The frontonasal process primarily plays a role in forming the forehead and the bridge of the nose, and while it is involved in overall facial development, it is the fusion failure of the maxillary and medial nasal processes that directly leads to a cleft lip. Understanding this embryological basis helps clarify why this particular option is the correct answer.

6. Which of the following is one of the main reasons for a root canal?

- A. Tooth is cracked
- B. The pulp can't be fixed**
- C. Gums are bleeding
- D. A cavity is present

The main reason for needing a root canal procedure is that the pulp of the tooth cannot be repaired. The pulp is the innermost part of the tooth that contains nerves and blood vessels, and when it becomes inflamed or infected due to various factors, it often cannot heal on its own. This inflammation or infection may arise from deep decay, repeated dental procedures on the tooth, or even a crack or chip in the tooth. When the pulp is irreparably damaged, a root canal becomes necessary to remove the infected or inflamed pulp tissue, which alleviates pain and prevents further infection from spreading to surrounding tissues. After the pulp is removed, the tooth is cleaned and sealed to protect it from future issues, allowing the patient to retain the natural tooth rather than resorting to extraction. While options such as a cracked tooth, bleeding gums, or the presence of a cavity may indicate dental problems, those conditions do not necessarily warrant a root canal unless they compromise the health of the pulp specifically. A cracked tooth, for instance, may lead to pulp damage, but it would depend on whether the pulp is also affected. Bleeding gums typically relate to periodontal disease rather than pulp issues, and cavities would only require a root canal if they progress to

7. Which condition is characterized by the incomplete fusion of the palatine processes?

- A. Cleft lip
- B. Cleft palate**
- C. Oral fissures
- D. Maxillary hypoplasia

The condition characterized by the incomplete fusion of the palatine processes is cleft palate. This occurs during fetal development when the two palatine processes, which form the hard palate, fail to merge properly. As a result, there is an opening in the roof of the mouth, which can lead to difficulties with feeding, speech, and increased risk of ear infections due to the connection between the oral and nasal cavities. In this context, cleft lip pertains to a separate developmental defect where the lip does not fully form, which can occur alone or in conjunction with cleft palate but is distinct in its cause and manifestation. Oral fissures and maxillary hypoplasia refer to different types of congenital anomalies. Oral fissures typically imply openings or splits in oral structures and maxillary hypoplasia involves underdevelopment of the upper jaw, neither of which are specifically linked to the fusion of the palatine processes. Therefore, cleft palate is the most accurate choice for the condition involving the incomplete fusion of these anatomical structures.

8. Which signs are indicators of chronic gingival inflammation?

- A. Tough, fibrous gingiva and blunted interdental papilla**
- B. Soft, spongy gingiva and swollen interdental papilla
- C. Shallow pockets and tooth mobility
- D. Ulcerations and bleeding upon probing

Tough, fibrous gingiva and blunted interdental papilla are classic indicators of chronic gingival inflammation. In cases of chronic gingivitis, the body reacts to ongoing inflammation by remodeling the gingival tissue, which often results in a firmer, more fibrous texture. This is a protective response of the body to the persistent irritation typically caused by plaque accumulation. The interdental papilla may appear blunted because of the loss of papillary tissue—this is a common morphological change due to chronic conditions. In contrast, other signs such as soft, spongy gingiva and swollen interdental papilla are more commonly associated with acute inflammation rather than chronic. Shallow pockets and tooth mobility may indicate periodontal disease rather than gingivitis specifically, while ulcerations and bleeding upon probing can occur in various forms of gingivitis but are usually associated with acute lesions or active disease processes rather than a chronic state. These differences highlight the characteristics of chronic gingival inflammation as primarily indicated by the tough texture and morphological changes seen in the gingiva.

9. What type of supervision is indicated when an exam is performed at a 6-month recall?

- A. Direct supervision
- B. General supervision**
- C. Minimal supervision
- D. Remote supervision

When an exam is performed at a 6-month recall, general supervision is indicated. Under general supervision, a dental hygienist or dental assistant performs procedures as delegated by a dentist, but the dentist does not need to be physically present during the procedure. This is typical during routine recall visits because the patient has already been evaluated in the past, allowing the dental hygienist to perform assessments and cleanings independently. In such a context, the hygienist is responsible for conducting the examination and providing care while following established protocols and guidelines set by the supervising dentist. This allows for efficiency in routine patient care, as the hygienist can manage follow-up appointments without needing the dentist's direct oversight each time. Other types of supervision involve more direct oversight from the dentist. For instance, direct supervision requires the dentist to be present in the office when procedures are performed, which is not typically necessary at recall appointments. Minimal supervision and remote supervision are not standard terminologies used in dental hygiene practice and do not apply comprehensively to recall exams. Overall, general supervision captures the essence of routine dental hygiene practices during recall visits effectively.

10. At what age do mandibular second bicuspid typically erupt?

- A. Age 9-10
- B. Age 10-11
- C. Age 11-12**
- D. Age 12-13

Mandibular second bicuspid typically erupt between the ages of 11 and 12. This timing is a part of the general sequence of dental development, where different types of teeth emerge at specific ages. Understanding the eruption timeline is crucial for dental hygienists and other dental professionals as it aids in monitoring the development of a child's teeth and can help in anticipating potential orthodontic issues. The eruption of the mandibular second bicuspid occurs after the first bicuspid and before the permanent molars. Correct knowledge about these timelines helps in providing appropriate care and guidance for growing patients.

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://dentalhygienist-nbdhe.examzify.com>

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

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