New Mexico Dental Assisting License Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **Which method is NOT effective for achieving proper penetration of gel etch?**
   - **A. Brushing**
   - **B. Dabbing**
   - **C. Using an applicator**
   - **D. Applying in small sections**

2. **What instrument can be used to remove a periodontal pack?**
   - **A. U15, spoon excavator or plastic instrument**
   - **B. Scaler and forceps**
   - **C. Dental mirror and explorer**
   - **D. Hemostat and curette**

3. **Which type of glass ionomer cement is used primarily for cementing metal restorations?**
   - **A. Type I glass ionomer**
   - **B. Type II glass ionomer**
   - **C. Type III glass ionomer**
   - **D. Type IV glass ionomer**

4. **What are hereditary factors primarily responsible for in orthodontics?**
   - **A. Missing teeth**
   - **B. Malocclusions affecting facial contour and size of teeth**
   - **C. Dental caries**
   - **D. Gum disease**

5. **Type III glass ionomer cement is primarily used as what?**
   - **A. A bonding agent for orthodontic brackets**
   - **B. A liner under restorations**
   - **C. A restorative material for erosion**
   - **D. A temporary coverage material**

6. What should be the sequence of movement during rubber cup polishing?

- **A. Start from the occlusal third to the gingival**
- **B. From the gingival third to the occlusal**
- **C. Circular motions around the tooth**
- **D. Back and forth movements on the tooth surface**

7. For how long do sutures typically stay in place?

- **A. 3-5 days**
- **B. 5-7 days**
- **C. 7-10 days**
- **D. 10-14 days**

8. What is the purpose of the REM measurement?

- **A. To measure the temperature of a room**
- **B. To compare biologic effects of different kinds of radiation**
- **C. To determine the age of a person**
- **D. To estimate the financial cost of radiation**

9. High speeds during polishing should generally be avoided because:

- **A. They can cause sensitivity**
- **B. They are ineffective**
- **C. They are faster than necessary**
- **D. They may gloss over stains**

10. In what situations is fluoride paste not advised just before applying sealants?

- **A. When the patient has allergies**
- **B. Before acid etching enamel**
- **C. For pediatric patients**
- **D. For cosmetic procedures**

Answers

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

Explanations

1. Which method is NOT effective for achieving proper penetration of gel etch?

A. Brushing

B. Dabbing

C. Using an applicator

D. Applying in small sections

Brushing is not considered an effective method for achieving proper penetration of gel etch because it can lead to uneven application and might not allow the etching gel to properly engage with the surface of the enamel. The goal of using gel etch is to create a controlled, rough surface that can improve bond strength between the tooth structure and bonding agents. Brushing can introduce bubbles and cause the gel to spread too thin, which diminishes its etching capability. Conversely, methods like dabbing, using an applicator, and applying in small sections are effective because they allow for a more controlled application. Dabbing ensures that the etch can adequately penetrate the pits and fissures of the enamel, while the use of an applicator can help target specific areas without over-spreading the gel. Applying in small sections allows for more precise control, ensuring that each area is effectively etched before the gel dries or evaporates. These methods help achieve the desired surface characteristics for optimal bonding in dental procedures.

2. What instrument can be used to remove a periodontal pack?

A. U15, spoon excavator or plastic instrument

B. Scaler and forceps

C. Dental mirror and explorer

D. Hemostat and curette

The instrument that is effectively used to remove a periodontal pack includes the U15, spoon excavator, or a plastic instrument. These tools are specifically designed for tasks involving the gentle manipulation and removal of materials in the mouth without causing trauma to the surrounding tissues. The U15 instrument, designed for periodontal work, helps to access the areas where a periodontal pack is placed and allows for a precise removal. A spoon excavator, which has a bowl-shaped end, is ideal for scooping out materials gently. Additionally, a plastic instrument is beneficial as it offers a non-metallic option that minimizes the risk of damage to the gum tissue when removing the pack. In contrast, the other choices include instruments that may not be suitable for this particular task. Scalers and forceps are more geared towards practices such as cleaning or extraction, which require a different approach than what is needed for removing a periodontal pack. Dental mirrors and explorers, while essential for visual examination and inspecting conditions, do not provide the means necessary for effective and safe removal. Finally, hemostats and curettes are typically utilized for grasping and scraping, but they are not designed specifically for the delicate operation of removing a periodontal pack, potentially leading to increased risk of injury. Thus, the combination

3. Which type of glass ionomer cement is used primarily for cementing metal restorations?

A. Type I glass ionomer

B. Type II glass ionomer

C. Type III glass ionomer

D. Type IV glass ionomer

Type I glass ionomer cement is primarily used for cementing metal restorations due to its specific formulation that allows for strong adhesion and support for load-bearing applications. This type of cement is designed to bond effectively with metal surfaces, creating a durable and lasting bond essential for the longevity of dental restorations such as crowns and bridges. Type I glass ionomer cement excels in its ability to provide a strong mechanical retention and also releases fluoride, which adds to its benefits in preventing secondary caries. It is specifically formulated to deliver the necessary characteristics required for luting, making it the preferred choice for dentist in contexts where metal restorations are involved. This differentiates it from other types of glass ionomer cements, which may be utilized for different purposes such as restorative work or as a liner or base in cavity preparation but are not primarily focused on cementing metal restorations.

4. What are hereditary factors primarily responsible for in orthodontics?

A. Missing teeth

B. Malocclusions affecting facial contour and size of teeth

C. Dental caries

D. Gum disease

In orthodontics, hereditary factors play a significant role in causing malocclusions, which are misalignments or improper positions of the teeth when the jaws are closed. These genetic influences can affect facial structure, the size and shape of teeth, and the overall architecture of the jaw. For instance, if individuals inherit traits like a small jaw or large teeth from their parents, this can lead to crowding, spacing issues, or improper bite relationships. Such hereditary traits ultimately influence how the teeth and the face develop, resulting in malocclusions that may require orthodontic intervention for correction. The other options focus on conditions less directly tied to genetic factors. Missing teeth can occur due to various reasons, including trauma or dental disease, and while there might be some genetic components, they are not the primary concern of hereditary factors in orthodontics. Dental caries and gum disease are largely influenced by environmental factors such as oral hygiene habits, diet, and dental care, making them less relevant when discussing hereditary factors.

5. Type III glass ionomer cement is primarily used as what?

A. A bonding agent for orthodontic brackets

B. A liner under restorations

C. A restorative material for erosion

D. A temporary coverage material

Type III glass ionomer cement is primarily utilized as a restorative material in areas where erosion has occurred, making it particularly useful in certain clinical scenarios. It has been designed to provide a balance of strength, aesthetics, and bonding properties to tooth structures. One of its key features is its ability to release fluoride, which helps to protect the tooth against further caries, especially in areas that are more susceptible to erosion. In the context of use as a liner under restorations, Type III glass ionomer cement serves to protect the pulp from thermal stimuli and chemical irritants while also providing additional support to the restorative material placed on top. Its ability to adhere to both the tooth structure and the restorative material further enhances its effectiveness in this role. Each dental material has its specific applications; therefore, understanding the intended use and properties of materials like Type III glass ionomer is crucial for appropriate treatment decisions in dental practice.

6. What should be the sequence of movement during rubber cup polishing?

A. Start from the occlusal third to the gingival

B. From the gingival third to the occlusal

C. Circular motions around the tooth

D. Back and forth movements on the tooth surface

The correct approach during rubber cup polishing is indeed to start from the gingival third and move towards the occlusal third. This technique is key for several reasons. First, beginning at the gingival margin helps to effectively remove plaque and stains that accumulate along the gum line, which is often a critical area for maintaining periodontal health. By polishing from gingival to occlusal, the process effectively sweeps any debris and biofilm upwards, preventing any potential re-deposition of material back onto the tooth surfaces. Additionally, this direction allows for a more controlled application of the polishing agent, ensuring that the abrasive material is applied to the tooth enamel in the optimal fashion to enhance shine and smoothness without causing damage. This approach is not only systematic but also promotes better tactile awareness and minimizes the risk of irritating the gum tissues compared to other methods. Overall, this sequence aligns with best practices in dental hygiene, ensuring effective cleaning and maintaining patient comfort during the procedure.

7. For how long do sutures typically stay in place?

A. 3-5 days

B. 5-7 days

C. 7-10 days

D. 10-14 days

Sutures are typically used to close wounds and promote proper healing, and their duration in place can vary based on the type of tissue involved and the specific clinical situation. Generally, sutures are removed when the wounds are sufficiently healed, which often falls within the range of 5 to 7 days for most facial wounds, where cosmetic appearance is a priority. This time frame allows enough healing for the skin or tissue to hold itself together while minimizing the risk of complications such as infection or scarring. In deeper or more complex wounds, or in areas of the body where tension is greater, sutures may need to remain for a longer period, but 5 to 7 days is the most typical recommendation for many straightforward procedures, especially in non-complicated cases. Understanding the nuances of wound healing, including factors like the location of the incision and the patient's individual healing response, can influence the decision regarding the exact time sutures are left in place. However, for common protocols, the 5 to 7 day guideline stands out as the correct answer in many dental and surgical procedures.

8. What is the purpose of the REM measurement?

A. To measure the temperature of a room

B. To compare biologic effects of different kinds of radiation

C. To determine the age of a person

D. To estimate the financial cost of radiation

The purpose of the REM (Roentgen Equivalent Man) measurement is to assess the biological effects of different types of ionizing radiation on human tissue. This unit is crucial in the field of radiation protection and health physics, as it takes into account not only the amount of radiation exposure but also its potential impact on human health. The REM measurement allows for a more comprehensive understanding of the risks associated with various radiation types, such as alpha particles, beta particles, and gamma rays, which can have different biological effects even at equivalent levels of exposure. In contrast, other choices do not align with the core concept of REM measurements. Measuring room temperature relates to environmental control and comfort, not biological effects. Determining a person's age generally involves biological or physiological assessments rather than radiation measurement. Estimating financial costs of radiation does not directly connect to the biological risk assessment that REM embodies. Thus, the significance of REM lies in its role in comparing the potential health impacts of exposure to different kinds of radiation.

9. High speeds during polishing should generally be avoided because:

A. They can cause sensitivity

B. They are ineffective

C. They are faster than necessary

D. They may gloss over stains

High speeds during polishing should generally be avoided because they can lead to increased sensitivity in the teeth. When polishing at high speeds, the heat generated can damage the tooth surface and surrounding tissues, potentially leading to pulp irritation or discomfort. This sensitivity occurs due to the thermal and mechanical effects on the enamel and dentin, which can expose the nerves within the tooth. In addition, while the other choices may touch on related aspects of polishing, they do not encompass the primary concern of patient comfort and well-being. High speeds may not be as effective for certain tasks, but they can gloss over stains and generally create a less desirable finish on the tooth surface, which could fail to achieve the intended polishing results. The focus should be on achieving a smooth, clean surface without compromising the patient's comfort.

10. In what situations is fluoride paste not advised just before applying sealants?

A. When the patient has allergies

B. Before acid etching enamel

C. For pediatric patients

D. For cosmetic procedures

Fluoride paste is not advised just before applying sealants primarily due to its potential interference with the sealant's adhesion properties. When fluoride paste is applied, it can leave a residue on the enamel surface that might impede the proper bonding of the sealant material to the tooth. This is especially critical immediately prior to the acid etching process, which is a crucial step in ensuring that the sealant adheres securely to the tooth. Acid etching creates a rougher surface on the enamel, which enhances the bond between the sealant and the tooth structure. If fluoride paste is used, it may coat the enamel and prevent the acid etch from thoroughly preparing the surface for a strong bond. This could compromise the effectiveness of the sealant, ultimately reducing its protective benefits against cavities. In contrast, other situations such as allergies, pediatric patients, or cosmetic procedures do not directly relate to the bonding process of sealants in the same manner. While it is essential to consider the patient's allergies and age, these factors do not impact the chemical interactions between fluoride and sealants as the timing of fluoride application does.