

Oral and Maxillofacial Surgery (OMFS) Board Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What is the required initial torque needed for intermediate denture stability over four implants in the maxilla?**
 - A. 25-30 N**
 - B. 30-35 N**
 - C. 35-45 N**
 - D. 45-50 N**

- 2. Which organism is responsible for cat scratch disease?**
 - A. *Staphylococcus aureus***
 - B. *Escherichia coli***
 - C. *Bartonella henselae***
 - D. *Salmonella enterica***

- 3. Where would the root of a mandibular third molar be if it has displaced through the lingual plate?**
 - A. Superior to the tongue**
 - B. Medial to the jaw**
 - C. Dorsal and lateral**
 - D. Inferior to the mandible**

- 4. In a case of orbital trauma where shining a light into the affected eye causes the contralateral pupil to constrict, what defect is indicated?**
 - A. Afferent pupillary defect**
 - B. Efferent pupillary defect**
 - C. Both pupils remain equal**
 - D. Direct pupillary reflex**

- 5. Which factor shifts the oxy-hemoglobin saturation curve to the right?**
 - A. Low pCO₂ concentration**
 - B. Alkalosis**
 - C. Increased temperature**
 - D. Low concentration of 2,3 DPG**

6. What type of occlusal splint will cause more loading on the TMJ?

- A. Posterior primary contact**
- B. Full anterior contact**
- C. Anterior primary contact**
- D. Occlusal equilibration splint**

7. Where is the lingual nerve located in relation to the alveolar crest?

- A. Just above the crest**
- B. Just below the crest**
- C. At the level of the crest**
- D. 5 mm lateral to the crest**

8. What complication commonly arises from cavernous sinus thrombosis?

- A. Respiratory failure**
- B. Inability to move the eye appropriately**
- C. Facial swelling**
- D. Loss of facial sensation**

9. Which flap is commonly used for nasal reconstruction?

- A. Deltpectoral flap**
- B. Nasolabial flap**
- C. Radial forearm flap**
- D. Forehead flap**

10. What level of the skin does a moderate chemical peel treat?

- A. Superficial epidermis**
- B. Upper reticular dermis**
- C. Mid-reticular dermis**
- D. Lower dermis**

Answers

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

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Explanations

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1. What is the required initial torque needed for intermediate denture stability over four implants in the maxilla?

- A. 25-30 N**
- B. 30-35 N**
- C. 35-45 N**
- D. 45-50 N**

The required initial torque for intermediate denture stability over four implants in the maxilla is crucial for ensuring that the implants can effectively support the prosthesis. The range of 35-45 Ncm is established based on biomechanical principles and clinical evidence regarding the stability and longevity of implant-supported dentures. This range allows for optimal force distribution among the implants, providing sufficient retention without risking overloading or damaging the implant or surrounding bone. A higher torque may lead to excessive forces that could compromise bone integration or cause complications such as implant failure or loosening of components. Conversely, a lower torque may not provide adequate stability, leading to movement and potential discomfort for the patient. Ballpark torque values are important in the context of immediate loading protocols and the healing process of osseointegration, particularly in the maxilla, where bone density can vary. Therefore, maintaining torque within the 35-45 Ncm range represents an evidence-based approach to achieving the balance necessary for effective function and patient comfort.

2. Which organism is responsible for cat scratch disease?

- A. *Staphylococcus aureus***
- B. *Escherichia coli***
- C. *Bartonella henselae***
- D. *Salmonella enterica***

Cat scratch disease is primarily caused by the organism *Bartonella henselae*. This bacterium is a small, fastidious, gram-negative bacillus that is transmitted to humans primarily through scratches or bites from infected cats, particularly young or sick cats. Symptoms typically include fever, lymphadenopathy, and a characteristic papule or pustule at the site of injury. *Bartonella henselae* is specifically adapted to colonize cats and can remain in their bloodstream, which facilitates the transmission to humans. The recognition of this bacterium as the causative agent is crucial for proper diagnosis and management of cat scratch disease, distinguishing it from infections caused by other organisms such as *Staphylococcus aureus*, *Escherichia coli*, or *Salmonella enterica*, which are associated with different types of infections and do not lead to cat scratch disease. Understanding the specific pathogen involved helps healthcare providers to approach patient education and treatment effectively, focusing on resolving symptoms and preventing further transmission, while recognizing the unique nature of the infection linked to interactions with felines.

3. Where would the root of a mandibular third molar be if it has displaced through the lingual plate?

- A. Superior to the tongue**
- B. Medial to the jaw**
- C. Dorsal and lateral**
- D. Inferior to the mandible**

The root of a mandibular third molar that has displaced through the lingual plate would indeed be located in a position that is dorsal (toward the back or top in anatomical orientation) and lateral (away from the midline of the body). When the root penetrates through the lingual plate, it typically moves toward the floor of the mouth, which corresponds to a dorsal orientation relative to the base of the tongue while being positioned laterally concerning the midline of the mandible. In this scenario, the dislodged root could potentially lie above the mylohyoid muscle and be in close proximity to the lingual nerve and surrounding tissues. The description of this position being both dorsal and lateral accurately reflects how abnormal positioning occurs when there is such a displacement in the lingual area. This understanding is critical during surgical procedures or when diagnosing complications related to the third molars.

4. In a case of orbital trauma where shining a light into the affected eye causes the contralateral pupil to constrict, what defect is indicated?

- A. Afferent pupillary defect**
- B. Efferent pupillary defect**
- C. Both pupils remain equal**
- D. Direct pupillary reflex**

In this scenario, when shining a light into the affected eye leads to constriction of the contralateral pupil, it indicates an afferent pupillary defect, often referred to as a Marcus Gunn pupil. This occurs when there is a defect in the sensory pathways that detect light, typically due to damage in the retina or optic nerve of the affected eye. In a healthy eye, shining light in one eye causes both pupils to constrict due to a direct and consensual response. However, if the affected eye has a compromised afferent pathway, there is reduced sensory input from that eye. As a result, the affected eye has a diminished pupillary reaction, while shining light in the unaffected eye still stimulates both pupils to constrict. This creates a paradoxical response where shining light into the affected eye results in less constriction or even a dilation of that pupil relative to the unaffected side, leading to the observation of increased constriction of the contralateral pupil when assessed. The remaining options pertain to other types of pupillary responses. An efferent pupillary defect would indicate a problem with the muscles or pathways responsible for pupil constriction, which is not demonstrated by this case. The statement about both pupils remaining equal would suggest

5. Which factor shifts the oxy-hemoglobin saturation curve to the right?

- A. Low pCO₂ concentration
- B. Alkalosis
- C. Increased temperature**
- D. Low concentration of 2,3 DPG

The oxy-hemoglobin saturation curve shifting to the right indicates a decreased affinity of hemoglobin for oxygen. This means that hemoglobin releases oxygen more readily to the tissues, which is crucial during times of increased metabolic demand. One significant factor that can cause this shift is an increase in temperature. Elevated temperatures, often seen during exercise or fever, enhance the ability of hemoglobin to release oxygen due to changes in the hemoglobin structure and its interactions with oxygen molecules. This is known as the Bohr effect, where increased levels of carbon dioxide and lower pH are associated with higher temperatures, all promoting oxygen release. When examining the other choices, they each have the opposite effect. Low carbon dioxide concentration and alkalosis would both shift the curve to the left, increasing hemoglobin's affinity for oxygen and making it less available to tissues. Additionally, a low concentration of 2,3 DPG, a molecule produced in red blood cells that enhances oxygen release, would also shift the curve to the left, further contributing to increased affinity for oxygen. Thus, the increased temperature is the key factor that effectively shifts the oxy-hemoglobin saturation curve to the right, facilitating greater oxygen unloading where it is needed most.

6. What type of occlusal splint will cause more loading on the TMJ?

- A. Posterior primary contact
- B. Full anterior contact
- C. Anterior primary contact**
- D. Occlusal equilibration splint

The choice indicating that an anterior primary contact occlusal splint causes more loading on the TMJ is based on the mechanics of occlusal splints and how they influence jaw dynamics and joint loading. When using an anterior primary contact splint, the design directs occlusal forces towards the anterior region of the dental arch. This posture can lead to increased loading on the temporomandibular joint (TMJ) because the forces are not evenly distributed among the posterior teeth, which traditionally serve as the primary load-bearing structures during occlusion. Instead, the anterior teeth, which generally do not bear the same load in normal occlusion, experience increased forces in this scenario. This anterior loading can lead to both an increased pressure on the condyle and the articular surface of the TMJ, potentially exacerbating any existing joint issues or even leading to new problems, such as discomfort or dysfunction. Other types of occlusal splints such as those with posterior primary contact or full anterior contact may distribute occlusal forces more evenly or reduce direct loading on the TMJ, thereby creating a more supportive environment for the joint. Occlusal equilibration splints aim to balance occlusal forces but do not specifically direct increased loading onto

7. Where is the lingual nerve located in relation to the alveolar crest?

- A. Just above the crest**
- B. Just below the crest**
- C. At the level of the crest**
- D. 5 mm lateral to the crest**

The lingual nerve is positioned just below the alveolar crest. This anatomical relationship is crucial for oral and maxillofacial surgical procedures, particularly those involving the posterior mandible or during extractions and implant placements. Understanding the location of the lingual nerve is essential to avoid iatrogenic injury, which can lead to complications such as altered sensation in the tongue and floor of the mouth. Typically, the lingual nerve runs in a relatively consistent anatomical pathway, lying beneath the mucoperiosteum and in close proximity to the alveolar bone. Because it is situated below the crest of the alveolar bone, particularly in the mandible, surgeons must take care to maintain sufficient distance from the nerve when performing procedures to prevent trauma. In the context of the other potential answers, the nerve does not reside just above the crest or at the level of the crest because these positions would place it at risk during surgical interventions. Additionally, describing it as 5 mm lateral to the crest does not accurately reflect its vertical positioning relative to the alveolar crest, which is a key factor in surgical planning and execution.

8. What complication commonly arises from cavernous sinus thrombosis?

- A. Respiratory failure**
- B. Inability to move the eye appropriately**
- C. Facial swelling**
- D. Loss of facial sensation**

Cavernous sinus thrombosis is a potentially life-threatening condition that occurs when a blood clot forms in the cavernous sinus, a cavity at the base of the skull. This condition can lead to various neurological complications due to the anatomic position and the specific cranial nerves that traverse this area. The inability to move the eye appropriately is correct because the cavernous sinus houses the cranial nerves responsible for extraocular movements, particularly cranial nerves III (oculomotor), IV (trochlear), and VI (abducens). When a thrombosis occurs in this sinus, it can cause compression or dysfunction of these nerves, resulting in ophthalmoplegia—an inability to move the eye in certain directions. Additionally, other symptoms associated with cavernous sinus thrombosis can include visual disturbances and potentially life-threatening complications such as meningitis or sepsis due to the proximity of the sinus to critical structures. While facial swelling and loss of facial sensation may be symptoms encountered in other conditions, they are not the primary neurological deficit directly associated with cavernous sinus thrombosis as the cranial nerves affected are primarily those involved in eye movement.

9. Which flap is commonly used for nasal reconstruction?

- A. Deltpectoral flap
- B. Nasolabial flap**
- C. Radial forearm flap
- D. Forehead flap

The nasolabial flap is commonly used for nasal reconstruction due to its reliable vascular supply and proximity to the nasal region. This flap originates from the nasolabial fold, allowing for a relatively straightforward design that facilitates the transfer of tissue with a good color and texture match that is vital for the aesthetic appearance of the nose. One of the key advantages of the nasolabial flap is that it can provide adequate tissue for various types of nasal defects, whether they are covering defects following tumor resections or for aesthetic enhancements following trauma. It can also be rotated or advanced to cover different areas of the nose, making it versatile in addressing a variety of reconstructive needs. In comparison, the deltopectoral flap, while well-known in head and neck reconstruction, is typically used for larger defects and involves a more complex procedure. The radial forearm flap, although excellent for surface tissue coverage, is often more chancy in terms of functional sacrifice and donor site morbidity. The forehead flap, although also an option for nasal reconstruction, generally requires more extensive planning and may not be as immediately available as the nasolabial flap for facial reconstructions. Given these factors, the nasolabial flap stands out as a primary choice for reconstructing nasal defects, both because

10. What level of the skin does a moderate chemical peel treat?

- A. Superficial epidermis
- B. Upper reticular dermis**
- C. Mid-reticular dermis
- D. Lower dermis

A moderate chemical peel primarily targets the upper reticular dermis, along with the deeper layers of the epidermis. This level of peel is typically achieved using ingredients such as glycolic acid, trichloroacetic acid (TCA), or other agents that penetrate deeper than superficial peels, which only affect the outermost layers of the skin. By reaching the upper reticular dermis, moderate chemical peels help in improving skin texture, addressing pigmentation irregularities, and promoting collagen remodeling. The depth of penetration allows for more significant changes in the skin compared to superficial peels, making moderate peels effective for treating issues like fine lines, moderate photoaging, and superficial scars. Understanding the depth of the peel is important for determining the expected outcomes, recovery times, and potential side effects associated with the procedure. The other layers mentioned do not accurately represent the level of treatment provided by a moderate chemical peel, which is an essential aspect of its efficacy and safety profile.

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://omfsboard.examzify.com>

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

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