

ORAL MEDICINE (OMED) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. A 65-year-old patient has a blood pressure of 152/92 and no kidney disease or diabetes. Should pharmacologic therapy be initiated?**
 - A. Yes
 - B. No
 - C. Only if BP reaches 180/110
 - D. Only after lifestyle modification for 6 months

- 2. What is an example of a direct pathway between periodontal disease and cardiovascular disease?**
 - A. Oral rinses reduce plaque formation
 - B. Shared risk factors such as smoking
 - C. Bacteremias containing periodontal pathogens being deposited in atheromatous plaques
 - D. Periodontal therapy reduces blood pressure

- 3. How is a recent myocardial infarction defined?**
 - A. An MI that has happened more than seven days after but less than 30 days
 - B. Within 24 hours
 - C. More than 6 months
 - D. Before the last calendar year

- 4. Which are examples of intermediate cardiovascular risk patients?**
 - A. Mild angina (I-II); Prior MI or pathologic Q waves; Compensated CHF; Diabetes mellitus
 - B. Only stable angina
 - C. No history of heart disease
 - D. Includes mild angina, prior MI, compensated CHF, and diabetes mellitus

- 5. Which of the following is a high-risk arrhythmia?**
 - A. Untreated Mobitz Type II AV Block
 - B. Atrial fibrillation with rapid ventricular response controlled
 - C. Sinus tachycardia
 - D. First-degree AV block

- 6. Which statement best describes the sensitivity of detecting an abdominal aortic aneurysm?**
- A. It is highly sensitive for all sizes
 - B. It is not very sensitive until the aneurysm is greater than 5 cm
 - C. It is always detected incidentally
 - D. It is irrelevant to screening
- 7. BNP provides predictive information for risk stratification in acute coronary syndromes.**
- A. BNP is not useful in ACS.
 - B. BNP provides predictive information for risk stratification in ACS.
 - C. BNP only reflects renal function.
 - D. BNP is only elevated in heart failure.
- 8. Which statement best defines hypertensive emergency?**
- A. Severe elevation in BP (>180/120) without organ damage
 - B. Moderate elevation in BP with organ damage
 - C. BP below 120/80
 - D. Severe elevation in BP (>180/120) with evidence of target organ dysfunction; immediate treatment required
- 9. Intracranial aneurysms most commonly present with which type of symptoms?**
- A. Asymptomatic or nonspecific symptoms
 - B. Focal neurological deficits due to compression
 - C. Seizures
 - D. Headache only
- 10. _____ is a natriuretic and vasodilative peptide stored mainly in the ventricular myocardium can provide predictive information for risk stratification in acute coronary syndromes**
- A. NT-proBNP
 - B. ANP
 - C. CNP
 - D. BNP (Brain-type natriuretic peptide)

Answers

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

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Explanations

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1. A 65-year-old patient has a blood pressure of 152/92 and no kidney disease or diabetes. Should pharmacologic therapy be initiated?

A. Yes

B. No

C. Only if BP reaches 180/110

D. Only after lifestyle modification for 6 months

The important idea here is that in adults aged 60 and over, starting pharmacologic treatment is recommended when blood pressure is in the higher range, typically with a systolic 150 or higher or a diastolic 90 or higher. A reading of 152/92 clearly meets that threshold, so starting medication is appropriate to reduce the risk of cardiovascular events like stroke and heart disease. Age itself increases cardiovascular risk, so despite no kidney disease or diabetes, treating hypertension at this level helps lower overall risk. Lifestyle changes (weight management, dietary adjustments, exercise, sodium reduction) should be started as well, but they don't replace the need for medication when the BP is above the treatment threshold. Delaying treatment until the BP climbs higher (e.g., 180/110) or waiting months for lifestyle modification would miss an opportunity to reduce risk sooner.

2. What is an example of a direct pathway between periodontal disease and cardiovascular disease?

A. Oral rinses reduce plaque formation

B. Shared risk factors such as smoking

C. Bacteremias containing periodontal pathogens being deposited in atheromatous plaques

D. Periodontal therapy reduces blood pressure

*A direct pathway linking periodontal disease to cardiovascular disease involves bacteremia from oral infections, where periodontal pathogens enter the bloodstream and become deposited in atheromatous plaques. When gums are inflamed or manipulated during activities like chewing or dental work, bacteria such as *Porphyromonas gingivalis* can invade the circulation. These bacteria can then localize in arterial plaques, provoking local inflammation, immune activation, and changes in the plaque that promote progression of atherosclerosis. This mechanism is supported by findings of oral bacteria DNA within vascular plaques and by experimental data showing how these pathogens can influence endothelial cells and inflammatory processes. The other options describe effects that are not direct mechanisms of bacterial transfer to the arteries. Reducing plaque with oral rinses is a local preventive measure, not a direct link to the vascular system. Shared risk factors like smoking explain why both diseases occur together but do not demonstrate bacteria moving from the mouth to heart vessels. Periodontal therapy affecting blood pressure would be an indirect systemic effect rather than a direct path from periodontal infection to arterial disease.*

3. How is a recent myocardial infarction defined?

- A. An MI that has happened more than seven days after but less than 30 days
- B. Within 24 hours
- C. More than 6 months
- D. Before the last calendar year

Timing after a myocardial infarction is used to gauge perioperative risk. The most risk is in the early healing period, so "recent" MI is defined by a window in the first month after the event. The option describing an MI that occurred more than seven days after but less than 30 days fits this idea: it places the event outside the immediate first week (when instability is highest) but still within 30 days, a period typically considered high risk. The first 24 hours covers the acute phase, outside 7–30 days; more than six months is no longer recent, and the last calendar year framing isn't meaningful clinically. In practice, a recent MI within 30 days often requires medical clearance and postponement of elective procedures to minimize the risk of reinfarction or complications.

4. Which are examples of intermediate cardiovascular risk patients?

- A. Mild angina (I-II); Prior MI or pathologic Q waves; Compensated CHF; Diabetes mellitus
- B. Only stable angina
- C. No history of heart disease
- D. Includes mild angina, prior MI, compensated CHF, and diabetes mellitus

Intermediate cardiovascular risk includes patients who already show ischemic heart disease features or established heart disease plus additional risk factors. Diabetes mellitus is treated as a major risk factor comparable to known coronary disease, so its presence already elevates risk. Mild angina indicates current ischemia; a history of myocardial infarction or pathologic Q waves shows prior cardiac injury; compensated congestive heart failure reflects structural and functional heart disease. Putting these together describes an intermediate-risk profile, which is why including mild angina, prior MI, compensated CHF, and diabetes mellitus collectively best fits the category. Lower-risk scenarios (no heart disease or only stable angina) don't reach the same level of risk, and the full combination captures the broader intermediate-risk picture.

5. Which of the following is a high-risk arrhythmia?

- A. Untreated Mobitz Type II AV Block
- B. Atrial fibrillation with rapid ventricular response controlled
- C. Sinus tachycardia
- D. First-degree AV block

High-risk arrhythmias are those with a real chance of progression to life threatening conduction failure. Mobitz type II AV block signals disease in the His Purkinje system with intermittent non-conducted beats and often a fixed PR interval before a dropped QRS. This infranodal block can deteriorate suddenly into complete heart block, leading to severe bradycardia or syncope, and it usually requires pacing. By comparison, a controlled atrial fibrillation with rapid ventricular response is managed for rate and stroke risk rather than imminent conduction failure; sinus tachycardia is a common, often benign rate increase; and first-degree AV block is typically a benign delay with low immediate risk.

6. Which statement best describes the sensitivity of detecting an abdominal aortic aneurysm?

- A. It is highly sensitive for all sizes
- B. It is not very sensitive until the aneurysm is greater than 5 cm**
- C. It is always detected incidentally
- D. It is irrelevant to screening

The idea being tested is how the bedside detection of an abdominal aortic aneurysm (AAA) relates to its size. Palpation of the abdomen is a crude, size-dependent test: small aneurysms are easily missed, while only larger ones become detectable by touch. In practice, the ability to feel an AAA reliably increases once the diameter is about 5 cm or more, so the sensitivity of clinical detection is quite low for smaller aneurysms and improves mainly with larger ones. That's why the statement that detection is not very sensitive until the aneurysm is greater than 5 cm best fits how clinical detection works. Imaging, especially ultrasound, provides higher sensitivity across a range of sizes and is used for screening, whereas physical exam alone is not reliable for small aneurysms. The other options contradict this reality: detection is not highly sensitive for all sizes, aneurysms are not always found incidentally, and screening is relevant rather than irrelevant.

7. BNP provides predictive information for risk stratification in acute coronary syndromes.

- A. BNP is not useful in ACS.
- B. BNP provides predictive information for risk stratification in ACS.
- C. BNP only reflects renal function.**
- D. BNP is only elevated in heart failure.

BNP is a marker of myocardial wall stress and provides prognostic information in acute coronary syndromes. In this setting, higher BNP levels are associated with worse outcomes, including increased risk of death and heart failure, and it adds information beyond traditional markers and troponin. BNP elevation reflects not just renal function, but also left ventricular dysfunction, ischemia-related strain, and volume overload. Kidney function can influence BNP levels, since reduced clearance can raise BNP, but this does not mean BNP is measuring renal function alone. Therefore BNP is useful for risk stratification in ACS because it helps identify patients at higher risk who may benefit from closer monitoring or more aggressive therapy. The statements that BNP is not useful in ACS or that it reflects renal function only are too narrow or incorrect, and BNP can be elevated in ACS even without overt heart failure, so it is not limited to heart failure alone.

8. Which statement best defines hypertensive emergency?

- A. Severe elevation in BP (>180/120) without organ damage
- B. Moderate elevation in BP with organ damage
- C. BP below 120/80
- D. Severe elevation in BP (>180/120) with evidence of target organ dysfunction: immediate treatment required**

Hypertensive emergency is defined by a very high blood pressure (typically >180/120 mmHg) combined with evidence of acute target-organ dysfunction. That organ damage—such as brain (hypertensive encephalopathy, stroke), heart (acute coronary syndrome, heart failure with pulmonary edema), kidneys (acute injury), aorta (dissection), or eyes (papilledema with retinal hemorrhages)—means the elevated pressure is causing or about to cause harm, so it demands immediate, controlled reduction in a monitored setting. Management usually involves intravenous antihypertensives in an ICU or similar setting, aiming to lower mean arterial pressure by about 20–25% in the first hour, then gradual reductions to reach about 160/100–110 mmHg over the next 24 hours, tailored to the specific organ involved. In contrast, a hypertensive urgency would have the same very high BP but without acute target-organ damage and is typically treated with oral medications and close follow-up rather than urgent IV therapy. A normal BP or only a “moderate elevation” without organ damage doesn’t meet the emergency criteria.

9. Intracranial aneurysms most commonly present with which type of symptoms?

- A. Asymptomatic or nonspecific symptoms**
- B. Focal neurological deficits due to compression
- C. Seizures
- D. Headache only

Intracranial aneurysms most commonly cause no symptoms at all or only nonspecific symptoms because many are silent until rupture or incidental findings on imaging. When they do produce signs before rupture, it's usually because the aneurysm is large enough to press on nearby structures, leading to focal deficits or cranial nerve palsies that depend on the aneurysm's location. Seizures can occur, but they're less common as a pre-rupture presentation. The classic dramatic presentation is a sudden, severe headache from rupture with subarachnoid hemorrhage, not a typical pre-rupture symptom. Therefore, the most common presentation is asymptomatic or nonspecific symptoms.

10. _____ is a natriuretic and vasodilative peptide stored mainly in the ventricular myocardium can provide predictive information for risk stratification in acute coronary syndromes

- A. NT-proBNP
- B. ANP
- C. CNP
- D. BNP (Brain-type natriuretic peptide)**

BNP is a natriuretic peptide produced mainly by the ventricles in response to increased wall stress. It helps reduce the workload on the heart by promoting natriuresis, diuresis, and vasodilation, which lowers preload and afterload. In acute coronary syndromes, higher BNP levels indicate greater ventricular strain and have independent prognostic value for adverse outcomes, making it useful for risk stratification. ANP comes mainly from the atria, so it doesn't fit the ventricular storage description. CNP is produced in endothelial cells and elsewhere and isn't the primary ventricular stress marker. NT-proBNP is the inactive fragment of proBNP and while useful for prognosis, the peptide described here emphasizes the active ventricular-derived BNP.

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:

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

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