Oregon Expanded Function Dental Assistant (EFDA) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. How does the dryness of an abrasive material affect its abrasiveness?

A. The drier it is, the less abrasive it is

B. The drier it is, the more abrasive it is

C. Dryness has no effect on abrasiveness

D. The abrasiveness is consistent regardless of moisture

2. What type of clamps are characterized as double bowed?

A. Cervical clamps

B. Anterior clamps

C. Winged clamps

D. Wingless clamps

3. What type of impression is typically used as a first step in the impression process?

A. Final impression

B. Bite registration

C. Preliminary impression

D. Functional impression

4. What is the most common method used for polishing teeth?

A. Laser polishing

B. Rubber cup polishing

C. Air polishing

D. Hand polishing

5. What is a smear layer in dentistry?

A. A thick layer of enamel

B. A very thin layer of debris on newly prepared dentin

C. A protective coating on dental instruments

D. Leftover material from dental fillings

6. What is a primary benefit of using a sedative base?

A. To enhance the aesthetic of the tooth

B. To protect against thermal shock

C. To soothe the pulp and reduce sensitivity

D. To reinforce tooth structure

7. What is the main use for Glass ionomer Type 6?

A. Cementing orthodontic bands

B. Core buildup procedures

C. As a temporary crown material

D. Pit and fissure sealing

8. What is the function of the outer knob on a tofflemire?

A. To adjust the position of the wedge

B. To secure the end of the matrix band

C. To loosen or tighten the spindle

D. To manage the direction of the matrix band

9. What are the classifications of impressions?

A. Preliminary, final, occlusal

B. Preliminary, final, bite registration

C. Preliminary, functional, occlusal

D. Final, impression, functional

10. Which of the following types of clamp is least likely to have a projection?

A. Wingless clamps

B. Winged clamps

C. Cervical clamps

D. Anterior clamps

Answers

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

Explanations

1. How does the dryness of an abrasive material affect its abrasiveness?

A. The drier it is, the less abrasive it is

B. The drier it is, the more abrasive it is

C. Dryness has no effect on abrasiveness

D. The abrasiveness is consistent regardless of moisture

The dryness of an abrasive material plays a significant role in its abrasiveness, and when the material is dry, it tends to be more abrasive. This increased abrasiveness can be attributed to several factors. When abrasives such as silicon carbide or aluminum oxide are dry, their particles are better able to make contact with the surface being worked on. The absence of moisture minimizes the cushioning effect that moisture may provide, allowing the sharp edges of the abrasive particles to engage more directly with the material being abraded. In this state, the chance of effective cutting and material removal is maximized. In contrast, moisture can create a slurry or paste effect with the abrasive, which may reduce the sharpness of the abrasive particles and inhibit direct contact with the surface. This effect dampens their ability to effectively scratch or wear down the surface, thus reducing their abrading capability. It's also important to note that the intended use of the abrasive material may differ based on its moisture content; therefore, understanding the relationship between dryness and abrasiveness is crucial for choosing the right material for a specific task in dental assisting and other applications.

2. What type of clamps are characterized as double bowed?

A. Cervical clamps

B. Anterior clamps

C. Winged clamps

D. Wingless clamps

Cervical clamps are specifically designed to provide a secure grip on the tooth while allowing the clinician to access the cervical area, making them especially suitable for procedures that involve restorations near the gumline. The term "double bowed" refers to the design of these clamps, which provides additional flexibility and adaptability to different tooth shapes and sizes. This design ensures that the clamp can be placed comfortably around the tooth while maintaining adequate retraction of surrounding soft tissues, which is essential for effective access and visibility during dental procedures. The other types of clamps serve different purposes or are designed differently; for example, anterior clamps are tailored for anterior teeth but do not share the same double bowed feature. Winged clamps have projections that assist with placement but are not designed for the unique requirements of the cervical area. Wingless clamps, while also useful, lack the wings that help in stabilization and are not characterized by the double-bowed design. Understanding these distinctions is crucial for proper application and effectiveness in clinical settings.

3. What type of impression is typically used as a first step in the impression process?

A. Final impression

B. Bite registration

C. Preliminary impression

D. Functional impression

The correct answer, which is the preliminary impression, is fundamental in the process of creating dental restorations or appliances. Preliminary impressions are the initial impressions taken to create a model of the patient's dental arch and surrounding tissues. This model serves as a foundation for further procedures, including the creation of custom trays for final impressions, or for treatment planning. Preliminary impressions are typically made with materials that are easier to manipulate and set quickly, such as alginate, which makes them ideal for this first step. They are not as detailed as final impressions but provide enough information to aid in the treatment plan and the creation of devices such as dentures or orthodontic appliances. In contrast, final impressions are more precise and are used for the final product. Bite registrations capture the occlusal relationship but are performed after preliminary impressions. Functional impressions, while they can provide more detail about the dynamics of oral tissues, are not standard for the first step and tend to involve specific functional movements. Thus, preliminary impressions are the first step in the impression process, allowing for the subsequent stages of treatment.

4. What is the most common method used for polishing teeth?

A. Laser polishing

B. Rubber cup polishing

C. Air polishing

D. Hand polishing

Rubber cup polishing is recognized as the most common method for polishing teeth due to its effectiveness and practicality. This technique involves using a small rubber cup attached to a handpiece, which is coated with a polishing agent. As the rubber cup spins, it gently abrades the surface of the tooth, helping to remove stains, plaque, and debris while smoothing the enamel surface. The choice of rubber cup polishing is favored in dental practices because it allows for precise control and the ability to reach various surfaces of the teeth, including interproximal areas, where plaque tends to accumulate. Additionally, this method can be relatively gentle when done correctly, reducing the risk of enamel damage while achieving effective results. Other methods, like air polishing or laser polishing, may have specific applications or may be used in conjunction with other procedures, but they are not as commonly employed in routine dental care as rubber cup polishing. Hand polishing, while an option, is less frequently utilized than the rubber cup technique for the same reasons of efficiency and effectiveness.

5. What is a smear layer in dentistry?

A. A thick layer of enamel

B. A very thin layer of debris on newly prepared dentin

C. A protective coating on dental instruments

D. Leftover material from dental fillings

A smear layer in dentistry refers to the very thin layer of debris that forms on the surface of freshly prepared dentin during dental procedures. This layer is created when the dental bur or instrument cuts through the dentin, resulting in the accumulation of organic and inorganic material, including dental pulp tissue, bacteria, and saliva. The smear layer can interfere with the bonding effectiveness of dental materials because it acts as a barrier between the dentin and the restorative material. Understanding this layer is important for dental professionals, especially when performing procedures that require strong adhesion to dentin, such as when placing composite restorations. Proper techniques, such as the use of etching or bonding agents, can help remove or penetrate this layer to enhance the longevity and effectiveness of dental restorations.

6. What is a primary benefit of using a sedative base?

A. To enhance the aesthetic of the tooth

B. To protect against thermal shock

C. To soothe the pulp and reduce sensitivity

D. To reinforce tooth structure

Using a sedative base in dental procedures serves the critical purpose of soothing the pulp and reducing sensitivity. This is particularly important in situations where the dental pulp may be irritated due to the removal of decay or trauma to the tooth. The sedative base helps to calm the nerve endings in the pulp chamber, minimizing discomfort for the patient during and after the procedure. This property of sedative bases is beneficial not only for patient comfort but also for effective healing. By reducing sensitivity, the sedative base allows for a smoother recovery and can make the overall dental experience more pleasant, thereby improving patient compliance with further treatments. In contrast, while other aspects of dental materials can include aesthetic enhancement or structural reinforcement, these do not directly relate to the primary function of a sedative base. Protecting against thermal shock, though relevant in certain scenarios, is not the primary benefit linked with the use of sedative bases in managing pulp sensitivity.

7. What is the main use for Glass ionomer Type 6?

A. Cementing orthodontic bands

B. Core buildup procedures

C. As a temporary crown material

D. Pit and fissure sealing

Glass ionomer Type 6 is primarily used for core buildup procedures. This type of glass ionomer material is particularly advantageous in restorative dentistry due to its excellent adhesion to both enamel and dentin, as well as its ability to release fluoride, which can help to protect against secondary caries. Additionally, it has a good compressive strength suitable for supporting loads in posterior teeth. When performing core buildups, glass ionomer Type 6 can provide the necessary support and restoration to teeth that have undergone significant decay or have been structural compromised. The ease of handling and the chemical properties that allow it to bond effectively to tooth structure make it the material of choice for these procedures. In contrast, while glass ionomer can be useful in other applications, such as cementing or sealing, its primary and most effective use is in core buildup, which better leverages its material properties.

8. What is the function of the outer knob on a tofflemire?

A. To adjust the position of the wedge

B. To secure the end of the matrix band

C. To loosen or tighten the spindle

D. To manage the direction of the matrix band

The outer knob on a Tofflemire retainer is primarily designed to loosen or tighten the spindle, which is the part that holds the matrix band in place. When the knob is turned, it allows the dental professional to adjust the band's position for optimal fitting around the tooth being restored. This adjustment is critical for ensuring that the matrix band accurately reflects the contour of the tooth and provides an effective barrier to contain the restorative material. Loosening the spindle allows for the insertion or removal of the matrix band, while tightening it securely holds the band in the desired position to maintain proper contact and contour during the restorative procedure. This ability to adjust the spindle enables the assistant or dentist to customize the assembly to accommodate different tooth sizes and shapes in various clinical situations. Understanding this function is vital for EFDAs, as the matrix system is crucial in creating proper anatomical contours in restorations.

9. What are the classifications of impressions?

A. Preliminary, final, occlusal

B. Preliminary, final, bite registration

C. Preliminary, functional, occlusal

D. Final, impression, functional

The classifications of impressions are indeed categorized as preliminary, final, and bite registration. Preliminary impressions are often taken to create study models, which are used for treatment planning or appliance fabrication. They are typically less detailed and serve as a starting point for further dental procedures. Final impressions, on the other hand, are much more precise and are used to create definitive restorations or prosthetics, such as crowns or dentures. These impressions capture the exact contours of the oral structures and are essential for the accuracy of the fitting of the final product. Bite registration impressions record the occlusion of the patient's jaws, which is crucial for ensuring that any dental work maintains the correct bite relationship. This helps to prevent any discomfort or misalignment in the future. Understanding these classifications is vital in the practice of dentistry, as each type of impression serves a distinct purpose in the overall treatment process, allowing for both effective diagnosis and the creation of appropriate dental solutions.

10. Which of the following types of clamp is least likely to have a projection?

A. Wingless clamps

B. Winged clamps

C. Cervical clamps

D. Anterior clamps

Wingless clamps are designed specifically to have a more streamlined profile and do not include any projections that might interfere with the placement and removal of the rubber dam or surrounding dental structures. Their lack of wings allows for a more unobtrusive fit around the tooth, making them less likely to cause difficulty during procedures. This aspect is particularly beneficial when working in areas where space is limited or when greater visibility is needed. In contrast, winged clamps and other types like cervical and anterior clamps typically have additional features or projections. Winged clamps have extensions that facilitate easier placement and stability but can create obstruction in tighter areas. Cervical clamps and anterior clamps are often designed for specific tooth areas, and their shapes may include projections to help retain the rubber dam or provide better access, further differentiating them from wingless clamps. This design consideration is critical in dental practices, as it affects both the ease of use for the dental assistant and the comfort of the patient.