

OSCE DIAGNOSTIC SKILLS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What is the primary cause of pernicious anemia?**
 - A. Autoimmune destruction of the parietal cells in the stomach.
 - B. Chronic blood loss.
 - C. Vitamin B12 deficiency due to dietary insufficiency.
 - D. Excessive iron intake.

- 2. What should the maximum size of a post be compared to the root diameter?**
 - A. 1/4 diameter of root
 - B. 1/2 diameter of root
 - C. 1/3 diameter of root
 - D. Equal to root diameter

- 3. What is required for vitamin B12 absorption?**
 - A. Intrinsic factor
 - B. Folic acid
 - C. Calcium
 - D. Iron

- 4. What is the most important information to gather from a patient on steroids before treatment?**
 - A. History of hypertension
 - B. Duration and dosage of steroid use
 - C. Allergies
 - D. Dietary restrictions

- 5. What kind of oral pigmentation can be associated with Addison's disease?**
 - A. Heavily pigmented lesions
 - B. Dark red spots
 - C. Oral melanosis
 - D. Oral pigmentation

- 6. Which dental film is associated with a lower radiation dose?**
- A. Film type A
 - B. Film type D
 - C. Film type E
 - D. Film type F
- 7. Which condition is most commonly associated with jaundice?**
- A. Cirrhosis
 - B. Hepatitis A
 - C. Hepatitis C
 - D. Pancreatitis
- 8. What is the recommended follow-up when there is probing depth reduction but persistent mobility in anterior mandibular teeth?**
- A. Immediate extraction
 - B. Periodic evaluation
 - C. Observation only
 - D. Referral to a specialist
- 9. What type of medication is generally contraindicated in cases of Primary Herpetic Stomatitis?**
- A. Antivirals
 - B. Systemic antibiotics
 - C. Antifungals
 - D. Palliative care medication
- 10. When a patient is jaundiced, what is the most proper course of action?**
- A. Start with the examination and complete a thorough diagnostic assessment.
 - B. Tell the patient to immediately go to the emergency room.
 - C. Tell the patient to come back for treatment in 1 week, and you cannot treat them now.
 - D. Administer over-the-counter medication.

Answers

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

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Explanations

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1. What is the primary cause of pernicious anemia?

- A. Autoimmune destruction of the parietal cells in the stomach.**
- B. Chronic blood loss.
- C. Vitamin B12 deficiency due to dietary insufficiency.
- D. Excessive iron intake.

Pernicious anemia is primarily caused by the autoimmune destruction of the parietal cells in the stomach. These parietal cells are responsible for producing intrinsic factor, a protein that is essential for the absorption of vitamin B12 in the intestines. When these cells are damaged or destroyed by an autoimmune response, the production of intrinsic factor is significantly reduced or absent. This leads to decreased absorption of vitamin B12 from dietary sources, resulting in vitamin B12 deficiency and eventually causing pernicious anemia. This autoimmune component makes pernicious anemia distinct from other types of anemia, which may have different underlying mechanisms. It is critical to understand that unlike dietary insufficiency, which could lead to vitamin B12 deficiency in a general sense, pernicious anemia specifically stems from the inability to absorb vitamin B12 due to the lack of intrinsic factor caused by the destruction of the parietal cells. This specificity highlights the unique nature of pernicious anemia compared to other forms of anemia linked to nutritional deficiencies or other causes.

2. What should the maximum size of a post be compared to the root diameter?

- A. 1/4 diameter of root
- B. 1/2 diameter of root
- C. 1/3 diameter of root**
- D. Equal to root diameter

The maximum size of a post should be 1/3 the diameter of the root. This guideline helps ensure that the post provides adequate support without compromising the stability and health of the tooth. A post that is too large can lead to greater stress on the remaining tooth structure, increasing the risk of fracture or failure. Additionally, using this size helps to maintain a balance between retention and the preservation of tooth structure, ensuring that the post does not interfere with the natural anatomy and function of the tooth. By adhering to this proportion, clinicians can achieve optimal outcomes in restorative dental procedures.

3. What is required for vitamin B12 absorption?

- A. Intrinsic factor**
- B. Folic acid
- C. Calcium
- D. Iron

Vitamin B12 absorption in the body primarily requires intrinsic factor, a glycoprotein produced by the parietal cells in the gastric mucosa. When vitamin B12 is consumed through food, it is bound to proteins and must be released through the action of gastric acid and digestive enzymes. Once free, vitamin B12 then binds to intrinsic factor, which facilitates its absorption in the ileum, the final section of the small intestine. Without intrinsic factor, vitamin B12 cannot be adequately absorbed, leading to conditions such as pernicious anemia, which can result from its deficiency. While other nutrients such as folic acid, calcium, and iron play important roles in different physiological processes, they are not directly involved in the specific mechanism of vitamin B12 absorption. Folic acid is important for synthesizing red blood cells and DNA but does not aid in the absorption of B12. Calcium is essential for various bodily functions, including muscle contraction and nerve transmission, but does not have a direct influence on B12 absorption. Iron is crucial for hemoglobin production and overall blood health, yet, like the others, it does not facilitate the absorption of vitamin B12. Thus, intrinsic factor is the critical element necessary for the effective absorption of vitamin B12.

4. What is the most important information to gather from a patient on steroids before treatment?

- A. History of hypertension
- B. Duration and dosage of steroid use**
- C. Allergies
- D. Dietary restrictions

Gathering information about the duration and dosage of steroid use is crucial before starting treatment for a patient on steroids. This is because the length of steroid therapy and the dosage directly influence the risk of potential side effects and complications associated with steroid use, such as adrenal suppression, immunosuppression, and other systemic effects. Understanding the duration provides insight into whether the patient may have developed any dependency on the steroids or if their adrenal axis has been affected. Knowing the dosage helps assess the severity of these risks and allows healthcare providers to tailor treatment plans appropriately. Monitoring these factors is essential in preventing complications during treatment initiation or modification. It ensures that any necessary precautions can be enacted, such as whether there is a need for steroid tapering or additional support to manage potential side effects. Conducting a thorough evaluation of the patient's steroid history enables the clinician to make informed decisions about their care and optimize outcomes effectively.

5. What kind of oral pigmentation can be associated with Addison's disease?

- A. Heavily pigmented lesions
- B. Dark red spots
- C. Oral melanosis
- D. Oral pigmentation**

In the context of Addison's disease, oral pigmentation is often described simply as oral pigmentation without any specific qualifiers like "heavily pigmented lesions" or "dark red spots." Addison's disease, a condition characterized by adrenal insufficiency, can lead to increased levels of adrenocorticotropic hormone (ACTH), which stimulates melanocyte activity and results in hyperpigmentation throughout the body, including the oral mucosa. The term "oral pigmentation" encompasses a range of changes that may manifest in the buccal mucosa, gums, and lips, often appearing as darker areas or patches. In patients with Addison's disease, the pigmentation can be diffuse and may not necessarily present as well-defined lesions—therefore, "oral pigmentation" is a more encompassing term. This term effectively captures the general phenomenon without the need to specify the form or intensity of the pigmentation seen in the oral cavity, making it the most accurate choice.

6. Which dental film is associated with a lower radiation dose?

- A. Film type A
- B. Film type D
- C. Film type E**
- D. Film type F

Film type E is associated with a lower radiation dose due to its greater sensitivity to radiation compared to lower-rated films. This means that film type E requires less exposure time to produce an adequate image, which in turn reduces the amount of radiation the patient is exposed to during the dental imaging process. Higher speed films, such as type E and especially type F, are designed to capture more detail and produce high-quality images while using less radiation. As a result, dental professionals often choose faster films to optimize patient safety and minimize exposure. This inherent characteristic of film type E's higher sensitivity makes it particularly beneficial in a clinical setting where minimizing radiation exposure is a priority.

7. Which condition is most commonly associated with jaundice?

- A. Cirrhosis
- B. Hepatitis A**
- C. Hepatitis C
- D. Pancreatitis

Jaundice, characterized by a yellowish discoloration of the skin and eyes, is primarily caused by an accumulation of bilirubin in the bloodstream. Hepatitis A is a viral infection that primarily affects the liver and is known to cause acute liver inflammation, leading to an increase in bilirubin levels, which can result in jaundice. The onset of jaundice in hepatitis A typically occurs after the onset of symptoms, and it's one of the more prominent clinical features. In the context of the other conditions, while cirrhosis, hepatitis C, and pancreatitis may also lead to jaundice, hepatitis A is recognized as a classic cause of jaundice due to its acute nature and specific viral impact on liver function. It is essential to note that each of these conditions can cause elevated bilirubin levels; however, hepatitis A is most directly and commonly associated with acute jaundice in clinical presentations.

8. What is the recommended follow-up when there is probing depth reduction but persistent mobility in anterior mandibular teeth?

- A. Immediate extraction
- B. Periodic evaluation**
- C. Observation only
- D. Referral to a specialist

When there is a probing depth reduction but persistent mobility in anterior mandibular teeth, the recommended follow-up is periodic evaluation. This approach is essential because it allows for continuous monitoring of the periodontal condition without taking immediate drastic action like extraction. Persistent mobility implies that while there has been some improvement in periodontal health (reflected in the probing depth reduction), there is still underlying concern that needs attention. Periodic evaluations enable the clinician to assess any changes in tooth mobility, the health of the surrounding periodontal tissues, and the overall stability of the dentition over time. This method provides an opportunity to implement conservative management strategies if needed, rather than rushing into more invasive procedures. It is particularly important in cases where the dentition can still potentially be saved or treated effectively, preserving function and esthetics for the patient. This follow-up strategy helps strike a balance between providing appropriate care and not overwhelming the patient with unnecessary treatments.

9. What type of medication is generally contraindicated in cases of Primary Herpetic Stomatitis?

- A. Antivirals
- B. Systemic antibiotics**
- C. Antifungals
- D. Palliative care medication

In cases of Primary Herpetic Stomatitis, systemic antibiotics are generally contraindicated because this condition is caused by the herpes simplex virus, which does not respond to antibiotics as they target bacterial infections. Primary Herpetic Stomatitis is usually managed with antiviral medications that help to reduce the duration and severity of the viral outbreak. Antivirals specifically work against the herpes virus, therefore they are an appropriate treatment. Antifungals are used to treat fungal infections, which are not the underlying issue in Primary Herpetic Stomatitis. Palliative care medications may be used to alleviate symptoms, but they do not address the viral cause of the condition. Therefore, systemic antibiotics hold no therapeutic benefit in this context, making them contraindicated.

10. When a patient is jaundiced, what is the most proper course of action?

- A. Start with the examination and complete a thorough diagnostic assessment.
- B. Tell the patient to immediately go to the emergency room.
- C. Tell the patient to come back for treatment in 1 week, and you cannot treat them now.**
- D. Administer over-the-counter medication.

In the situation of a patient presenting with jaundice, the most appropriate course of action is to conduct a thorough examination and diagnostic assessment. Jaundice can be indicative of various underlying conditions, such as liver disease, biliary obstruction, or hemolysis, and requires a careful evaluation to determine the cause. Starting with a comprehensive examination allows healthcare providers to assess the patient's overall clinical picture, which may include taking a detailed history, conducting a physical exam, and ordering necessary laboratory tests (like liver function tests, complete blood count, or imaging studies). This systematic approach is essential to accurately diagnose the underlying issue and formulate an appropriate management plan. While suggestions to send the patient to the emergency room or delay treatment for a week may seem reasonable in certain contexts, they do not prioritize the immediate need for a thorough assessment, potentially delaying critical interventions. Similarly, administering over-the-counter medication without understanding the cause of jaundice could be unsafe and ineffective, as it does not address the underlying pathology. Therefore, initiating a thorough diagnostic assessment is the best practice when faced with a patient exhibiting jaundice, ensuring proper evaluation and management.

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://oscediagnosticskills.examzify.com>

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

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